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FACULTY OF ARTS

Theatre: Panacea for HIV/AIDS
Education in Cameroon?

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ABSTRACT

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Theatre: Panacea for HIV/AIDS Education in Cameroon?

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Theatre for Development (TfD) has emerged as a highly favoured medium for contemporary development education in countries with the designation 'developing'.

This study examines the effectiveness of TfD in Cameroon for raising awareness of, preventing infection, and changing behaviour in relation to HIV/AIDS. It is a critical analysis and observation of selected available scripts and/or digital video discs of performance projects in Cameroon, with a view to establish how context influences success or failure. In this respect, it falls within a qualitative research paradigm.

The stance of the researcher is informed by critical theory and practice from other similar contexts which suggest that effective communication and sustainability could be achieved through a dialogic process (Boal et al., 1979), between the outsiders and insiders (Chambers, 1983) in an Analysis-Action-Reflection-Analysis-Action ... (Burkey, 1993) continuum.

The study critiques the tendency by practitioners and sponsors to assume that by simply using the medium of theatre (TfD) and having a cheering audience at the play venue, the educational goals are met and theatre is the 'cure-all', even if the communicative method used is top-down, one-sided, one-off and excites little or no behaviour change to hold HIV/AIDS in check. At worst, current TfD practices tend to exploit the rural masses and add to disenchantment instead of inspiring and empowering them.

By evaluating the factors that support or hinder sustainability, this research reveals that for theatre to make any attempts at curing the entertainment and educational shortcomings towards HIV/AIDS education in Cameroon, the practice needs a radical departure from its present form and method, including a bottom-up practice which feeds back information from the grass roots through the same TfD medium, to the government and sponsor organisations. This could create a forum for continuous reflection and more balanced decisions about programmes, infrastructure and governance to meet the required 'development' goal.

DECLARATION OF AUTHORSHIP

I, ANDERSON GAMBOH FUNFE, declare that the thesis entitled

Theatre: Panacea for HIV/AIDS Education in Cameroon?

and the work presented in the thesis are both my own, and have been generated by me as the result of my own original research. I confirm that:

- this work was done wholly or mainly while in candidature for a research degree at this University;
- where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
- where I have consulted the published work of others, this is always clearly attributed;
- where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
- I have acknowledged all main sources of help;
- Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
- None of this work has been published

Signed:

Date:.....

Dedication

To the memory of
my dad HRH Chief Funfe Detoh III,
nephew Solomon Funfe,
maternal aunt Susana Ngwofi,
paternal aunt Christina Funfe,
first cousins Patience Chakak, Oscar Seloh, and Bernard Yor,
friends Jato Nyanganji and Nfor Usman,
who all passed on while I was away on this study.

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Introduction

The earliest attempt to use theatre in identifying, discussing and seeking to solve rural community problems in Cameroon is documented as December 1-16, 1984 at a workshop held in the Community Development Specialisation Training School in Kumba. According to Hansel Ndumbe Eyoh, the fieldwork which was held in the villages of Kake, Kurume, Konye, Ngolo-Bolo and Ndoi had as objectives,

- to initiate theatre people, development agents and village communities in the practice of theatre for conscientisation/mobilisation;
- to demonstrate the process with the view of enabling the Cameroonian authorities to evaluate its potential as a means of development;
- to contribute to the search for new methodologies in the practice of theatre for integrated rural development;
- to hold a practical experience in village-based theatre involving villagers in analyzing data and in the drama-making process;
- to assess the effectiveness of the methodology both in its immediate feasibility and long term impact.” (EYOH, 2002 p.25)

Following this work, other groups have used the theatre towards educating their target Cameroonian audiences on different socio-cultural, health and environmental issues. Among these can be found efforts made at educating the people and helping to prevent the spread of HIV/AIDS in Cameroon. Operating in their particular context and using different names to label their interventions, these various groups have used theatre which for the purposes of this study will be referred to as Theatre for Development (TfD).

Research Question

In Cameroon, theatre practitioners working especially in the area of HIV/AIDS education are claiming that their work is expanding knowledge and awareness about HIV/AIDS and effecting behaviour change in the communities within which they operate. These interventions are carried out under various socio-political, historic and linguistic contexts and follow varying patterns which thereby produce varying results. The question that comes to mind then is: are these interventions, performances, workshops, plays, etc. doing what their practitioners claim that they are doing?

It is this question that this study seeks to examine, with particular reference to TfD work in Cameroon in the context of HIV/AIDS education.

Aim of study

The aim of this study is to evaluate the effectiveness of Theatre for Development (TfD) in Cameroon for raising awareness of, preventing infection, and changing behaviour in relation to HIV/AIDS. In order to achieve this aim the study will:

- Examine why there is an urgent need for HIV/AIDS education in Cameroon.
- Analyse selected examples of existing TfD projects in Cameroon and South Africa and establish how context influences success or failure.
- Assess the impact of TfD projects on target audiences and the health system.
- Evaluate the factors that support or hinder sustainability.

Methodology

This study uses a critical and observational research methodology. The initial work reviews available online and library resources in terms of books, journals, theses, DVD/Videos, UNAIDS/WHO fact file publications. The second phase focuses on the analyses of selected examples set in their specific contexts. It will also involve structured, semi-structured and informal interviews with participants and audiences, observation, and questionnaires.

Qualitative Research Approach

A qualitative research approach will be used in an attempt to get to the bottom of the key research question and the sub-questions above, since the inquiry is based on distinct methodologies that explore a social or human problem where “the researcher builds a complex, holistic picture, analyzes words, and reports detailed views of informants” (Creswell, 1998 p.15).

Denzin and Lincoln (1994 p. 2) have further suggested that qualitative studies collect and use a variety of materials such as “case study, personal

experience, introspective, life story, interview, observational, historical, interactional, and visual texts – that describe routine and problematic moments and meaning in individuals' lives. " This study uses texts, interviews, observation, and a range of experiences that fall under the categories referred to by Creswell, Denzin & Lincoln, and other research theoreticians.

Interpretive research paradigm

Through exploitation of an interpretive research paradigm (Terre Blanche & Durrheim, 1999 p.123) this study considers that the experiences of the TfD practitioners, target audiences, and HIV/AIDS infected and affected communities in Cameroon are real (ontology) and by interacting with them these experiences can be understood in the set contexts (epistemology) of target audience. Identifying and exploring the varying "processes, functions, and contradictions" that emerge from the data and give a more profound understanding (meaning) are the research interests in this paradigm (Frizelle, 2003; see Dalrymple, 2006 p. 216).

Limitations of Research Methodology

The nature of theatre activity in Cameroon in recent years has limited the observational capacity for carrying out this research in terms of watching live interventions as they unfold.

Two major factors influence this state of affairs. One is the paucity in terms of the number of interventions and the consistency with which these interventions are carried out. The second is the process of some recent performances which make them difficult to be considered as Theatre for Development interventions meriting serious observation and analysis. Other earlier interventions are therefore not equally included as part of this study. The lack of textual documentation and DVD/video recordings of some interventions in Cameroon, has limited the breadth of interventions under consideration in the field.

It follows that the research intention of informally or formally interviewing participants and audiences as well as observing performances, suffered a setback. The same applies to the ability to administer questionnaires before

and after performances to measure audience knowledge of themes treated in the workshop interventions before and after such interventions.

These notwithstanding, the research benefited from the existence of some of these resources from what has been considered as the most significant interventions to be carried out in Cameroon in terms of TfD. It is particularly interventions that could produce either a project report, DVD coverage of some of their projects, and participant audience feedback, or questionnaire responses, that became the most eligible for consideration in the study.

The nature of documentation and archiving in terms of generating and keeping statistics in local areas with regard to hospital records of HIV/AIDS statistics is such that a quantitative analysis could not as well be carried out of numbers prior to the major intervention and numbers of cases after the major intervention under study. Not only is there a lack in the available resources for proper documentation as would be expected, there is as well the lack of willingness on the part of authorities to communicate with people seeking information for research purposes. There exists an inexplicable lack of will on the part of theatre groups and practitioners to collaborate with researchers and by answering and returning questionnaires or supplying information that they endlessly pledge they would do.

In spite of these, the research did benefit from the support and assistance of a number of interested parties within the Cameroon TfD intervention and on which this research could then be pursued.

CHAPTER ONE

Practice and Theory of People-Centered Development

To better understand and explore Theatre for Development (TfD) as a people's development tool used in HIV/AIDS education in Cameroon, it may be apt, initially, to attempt an understanding of development and development education.

After US President Harry Truman used the term 'underdeveloped' in his inaugural speech, contemporary development parameters allow for certain countries in the world to be classified as 'developed' while others are referred to as 'less developed', or more empathetically as 'developing' to indicate that there is continuous effort and progress to get it to the developed level but that such efforts have not yet met the criterion. In his address, he (Truman, 1949) declared:

“...we must embark on a bold new program for making the benefits of our scientific advances and industrial progress available for the improvement and growth of underdeveloped areas.

More than half the people of the world are living in conditions approaching misery. Their food is inadequate. They are victims of disease. Their economic life is primitive and stagnant. Their poverty is a handicap and a threat both to them and to more prosperous areas. For the first time in history, humanity possesses the knowledge and skill to relieve the suffering of these people.”

Stan Burkey discusses this development crisis. Burkey's work is divided into three main sections named Analysis, Action and Reflection. Drawing from the wealth of experience gathered working with people in various 'third world' countries, those of agents of change in different locations, as well as the theories of development by other renowned observers of rural development practice, Burkey presents a guide which starts with the analysis of what poverty is and what development is. Linking development to the eradication of poverty, he observes that from the early 1950s, economists, political scientists, and others had already started directing their attention towards the problem of third world development, just after the wars and following the

Marshall Plan that the US had established to rebuild and develop post-war Europe.

This focus and attention and the eventual declaration by the United Nations of the 1960s and 1970s as the decades of development, did not, in effect, see the third world (or under-developed countries) reach the development goals established by the United Nations largely with the support of western nations. Since then, Burkey assesses that:

“Discussions on development are peppered with expressions like modernisation, community development, dependency theory, structural adjustment, eco-development, appropriate technology, self reliance, participation, women in development (now called ‘gender awareness’) and vulnerable groups” (Burkey, 1993 p.26)

To Burkey, and many other observers that he refers to extensively, most of these groups have failed in achieving their desired goal of development in third world countries. Such failures are attributable to the fact that initial development plans were carried out on a government to government collaboration basis with a view that it will have a trickle-down effect in third world countries, right down to the rural poor. However, most of these had never been realised and focus shifted from bilateral cooperation to multilateral organisations such as the IMF, the World Bank, and later on the involvement of international non-governmental organisations in liaison with local non-governmental organisations in the developing countries.

For development to be achieved, however, there is recognition that there must be human, economic, political and social development, not just the transfer of technology or the acquisition of infrastructure which hitherto had not existed in these rural areas as these may be left to rot without appropriate care by the local communities; being that at some point those who provide this infrastructure would need to pull out and carry their commitment and endeavours elsewhere.

Acknowledging that development is not a short-term project but an ongoing process that evolves with time and changes in form and content, (Burkey, 1993 p.39) suggests that:

“Perhaps the whole concept of development projects and programmes is wrong. Perhaps development workers need to settle down to working patiently over time, directly with people, facilitating and supporting initiatives arising from the ambitions and priorities of individuals, groups and the community at large. Perhaps then, we would begin to see the emergence of sustainable development processes powered by people themselves”.

From this suggestion, it emerges that for there to be any meaningful development, the local people have to be actively involved from the beginning with their suggestions and their participation given serious consideration, if they are not the initiators themselves. Then, outcomes thereof would be sustainable, as these people, resident at the micro-level of development, would be able to ensure that they carry through their ideas over time and move on stage after stage.

While the people who are central in this development process may find it difficult to initiate and carry out their projects by themselves, without any external national or international intervention, these people need to be engaged in a dialogue where they participate as equals with whoever is facilitating a project and share ideas, opinions and world views as they apply to their specific context. Otherwise, according to Paolo Freire,

“Attempting to liberate the oppressed without their reflective participation in the act of liberation, is to treat them as objects which must be saved from a burning fire; it is to lead them into the populous pitfall and transform them into masses which can be manipulated” (Freire, 1970 p. 52).

Without the genuine participation of the rural masses or the oppressed people who are devoid of the development they need in analysing their socio-political, economic and cultural plight and what solutions they can attempt to overcome this, there can be no genuine participation or development as the individual, personal or human development takes priority over all these other forms of

development. The problem observed with most development agents, NGOs and facilitators of projects has always been that of coming with an agenda. Often provided by their sponsors, and in the belief that the local people they are going to meet are not well informed about the themes that are going to be handled by the project, agents go with an agenda of informing and educating them, rather than dialoguing with them to raise their levels of consciousness and using their ideas; learning from them also, so as to collaboratively come up with solutions. Villager apathy towards projects then develops because, Freire notes:

“Self depreciation is a characteristic of the oppressed which derives from the internalisation of the opinion the oppressors hold of them. So often do they hear that they are good for nothing and are incapable of learning anything – that they are sick, lazy and unproductive – that in the end they become convinced of their own unfitness”(Freire, 1970).

Freire's view is that attempting to educate people so as to liberate them or to develop them personally, socially, economically and politically, without their active participation through dialogue and decision making is like a 'banking' system of education where the teacher is seen as the sole proprietor and owner of all knowledge and the student is a recipient who serves as a bank where the teacher deposits all these ideas and knowledge for the student to receive the same.

His proposal to change the situation is that of a dialogue between the development agent and the rural poor individual, or the teacher and the student, such that both learn from each other and their experiences change. Understanding is shared, and they grow from strength to strength and engage in other aspects of their personal and communal development.

On her (Bourgault, 2003 p.19) part and in agreement with Burkey, and Freire, Louise M. Bourgault notes that:

“Today's development projects, particularly those entrusted to NGO's, tend to focus on empowerment of the most disadvantaged sectors of society. Sensitive to the communicative failings of earlier generations of projects, many projects use indigenous communication forms to propagate their development information. Attuned to the issues of

message acceptability, projects employ members of target populations in the design and production of development materials”.

Central to any development venture in the minds of these observers and theoreticians of development, is the idea of participation of the individuals in the rural, or urban, communities where these projects are intended. To Robert Chambers there are two cultures, those of the ‘outsiders’ and the ‘insiders’ and for long, ‘negative academics’ have always put the insiders in the last position which should be reversed for there to be any meaningful rural development. He declares:

“So while academics seek problems and criticise, practitioners seek opportunities and act. Academics look for what has gone wrong; practitioners for what might go right” (Chambers, 1983 p.33).

The important issue in rural development, however, is to upset the inequalities and injustices socially, politically, economically and personally in areas where a project is supposed to run. This is achievable by doing an analysis, taking action and reflecting upon that action; so that through such analysis further action will be taken and a reflection on this further action would follow. Burkey sees this as the true development process which is continuous, not a one-off project that does not call for any follow-up.

Global practice and theory of TfD

What is Theatre for Development?

TfD is used here to refer to theatre that has been employed for the purposes of development, whether this is personal or group development. In its approach the practitioners, whether agents of development or theatre groups and university departments of theatre, have tended to use this type of practice with the aim of facilitating the exchange of information to educate groups or communities about specific areas in which they are being oppressed, so as to help them assert their claims for self development and make the right choices to realise such.

Essentially, this type of theatre is one in which the conditions of people which expose them to certain vulnerabilities by other people or their environment are

explored together with these people so as to progressively seek other alternatives to improving their condition, whether social, political, economic or personal. The origins of TfD can be traced back to the work of two key theatre practitioners, Bertolt Brecht and Augusto Boal.

Brecht: Taught only by reality

TfD practice, as it is known today, can be said to have come through the pioneering and 'change' seeking efforts of Bertolt Brecht. According to Brecht, he was theatrically applying an idea from Karl Marx that "the philosophers have only interpreted the world in various ways; the point is, to change it" (Marx, 1977 p.56).

In his attempt to 'change' the world, Brecht decided to invite audiences at performances to take a position in the chorus and thereby eliminated the audience/actor divide in the theatre, which had been characteristic of typical bourgeois theatre practice. Brecht's experimentation with the theatre led to the creation of the *Lehrstücke* (the teaching and learning play) where the audience learned through participating in the play rather than being alienated from, and only consuming, the play.

In the 1920s and 1930s Brecht and his collaborators developed a number of these *Lehrstücke* plays like *The Flight across the Ocean*, *He Who Says Yes* and *He Who Says No*, and *The Decision*, amongst others. With some of Brecht's plays, at the end of the performance, questionnaires would be handed over to the audience. An analysis of the audience reaction culled from the answers provided to the questionnaires would then determine the way forward for the next performance. This, for example, was the case in *He Who Says Yes* later being rewritten and performed as *He Who Says No*.

His learning plays emphasised the primacy of function, over form and content, as opposed to the plays that the audiences had been used to. Though he wrote and directed the plays instead of having to create together with a participatory audience as was the case to be seen later with the plays of Boal and other TfD practitioners, Brecht in fact emphasised the role of the

individual in the collective will for change. To him, for there to be any justice and for the world to be any fairer, what is needed to change the world is:

“Comprehension of the individual and comprehension of the whole:
Taught only by reality can
Reality be changed” (Brecht, 1977 p.34).

The reality that the individual lived was thus presented as very vital to the reality of the whole community. To him, unless these lived realities can be engaged in an effort to address the possibilities of accommodating change, both for the individual and the community, it will be inconceivable to have a revolution.

More often than not, however, Brecht’s contribution to TfD today is regarded as limited owing to the fact that the intervention strategies of today are unlike what obtained in his plays, where he functioned both as playwright and director. By creating a “distancing effect” (*Verfremdungseffekt*), Brecht nevertheless laid the foundation for practitioners like Augusto Boal to build on and expand the experimentation.

Brazil in the days of Boal

Coming into the world only a year after the start of the great depression, Boal grew up in Rio as the country’s main cocoa export was suffering. Clientism and patronage led to the suffering of a great majority as the Brazilian economy relied heavily on the proceeds from its coffee export and loans from foreign creditors which were all under duress from the devastating effects of the depression. Political agitation was strong and people lost faith in the government, seeking a new structure that will take them out of the crisis. Thus, the young Boal grew in an environment replete with political and social agitation and a strong need for transformation that will bring the necessary respite.

Boal and Theatre of the Oppressed

In contemporary performing arts practice there exist different appellations for theatre that is geared towards educating and entertaining populations in different locations on varying issues, be they political, environmental, social, economical or cultural. Among these appellations are such as educational theatre, life theatre, edutainment, popular theatre, community theatre, people theatre, grassroots theatre, committed theatre, street theatre, prison theatre, theatre of the oppressed, and theatre for development. Much credit to the practice, and processes in recent practice, is ascribed to the work of Boal.

Paolo Freire and the Pedagogy of the Oppressed

The major influence on Boal's theatre came from the educational ideology of his fellow compatriot, Paolo Freire, who articulated the idea:

“No pedagogy which is truly liberating can remain distant from the oppressed by treating them as unfortunates and by presenting for their emulation models from among the oppressors. The oppressed must be their own example in the struggle for their redemption.”(Freire, 1970 p.54)

Paulo Freire's pedagogy is geared towards looking at the politics of education. According to Freire, educational choices are influenced by the politics of society. The very nature of the society divides people into two groups – the oppressor, and the oppressed. The oppressor constantly seeks to maintain control over the oppressed by using a culture of silence. This example is further demonstrated in the relationship between the student and the teacher in a traditional setting. Here, the teacher is seen as the sole possessor of knowledge, who transmits the same to the student. Freire refers to this as the 'banking' system of education which supposes that the student is an empty account to be filled with the teacher's knowledge.

Freire sees dialogue as the possible solution to this existing dichotomy between the oppressor/oppressed and the student/teacher. Without this dialogue which will necessitate the student learning from the teacher and the teacher learning from the student, the student, or the oppressed, will become silenced and negative about themselves. Freire believes that people in any society are very capable of championing their own solutions to their problems.

For this reason, his understanding is that educators should not seek to “win the people over” to their own perception of reality, but rather recognise that their objective is “to fight alongside the people for the recovery of the people’s stolen humanity” (Freire, 1970 p.95).

It is mainly this concept of dialogue that liberates an oppressed people, which Augusto Boal appears to have borrowed and applied to his theatre practices.

Boal’s Theatre Forms

Boal’s interest in theatre started young while he was still in Rio, but he did not make any remarkable theatre exploits until he graduated as an industrial chemist in 1952 and travelled to the United States of America for a research study in chemical engineering at Columbia University, which he did alongside studying theatre that he was very passionate about. The attention and dedication given to theatre saw him write and direct his first ever play, *The House across the Street*, in 1955.

Although he started work like any normal director and held workshops for both writers and actors, the Arena Theatre became the ground not only for routine theatre work, but where Boal formally started with experimental practices and the development of new forms of theatre.

In Boal’s long theatre career his creative talent and energy, coupled with the different circumstances and environments he found himself in, saw him develop and practice a vast range of forms of theatre to include agitprop theatre, the living newspaper, theatre of the oppressed, image theatre, forum theatre, the cop in the head, invisible theatre, culture theatre, legislative theatre, and the rainbow of desire.

The living newspaper

Soon after settling in as director of the Arena Theatre in Sao Paulo, Boal started experimenting with taking theatre to communities. In his thinking, theatre up to the time of his practice has been a sort of monologue with the world of the play and the actors on stage being distanced from that of the audience watching it. Although there were discussions of performances at the end of the show, he felt that the audiences were nevertheless alien to the play

in many respects, especially in the fact that whatever discussions were held did not in any way change the form or shape of the themes of the plays and their form. He believed that there was need for a healthy dialogue between the players and the audience, to an extent mimicking real day to day life where people communicate not through listening to oppressive monologues, but by interacting or holding a vivid dialogue.

The living newspaper was thus an attempt to present life as it was lived, with the current issues in the socio-political life of the people being foremost, like a normal newspaper will present breaking news items. Instead of limiting the play space for such a performance to purpose built spaces like the Arena Theatre or other such places, action took place in the open countryside with no such facilities. Besides, through normal dialogue, the audience was a major participant in deciding what the subject or theme of each of the performances was going to be. This was a bold step by Boal, whose revolutionary preparedness led him to take this new agitation propaganda approach and called upon the audience to make decisions. His shock and that of his collaborators came when after participating at one such agitprop performance calling for the masses to take up arms and agitate for the changes they desire and need, a peasant member of the audience decided that they should take arms and raid a local landlord. Boal and his agitprop group of actors declined.

Theatre of the oppressed

Abandoning agitprop and its hard stance on the call to arms, Boal started experimenting with the idea of theatre of the oppressed. It was a theatre that portrayed the oppression of the masses, especially the peasants and lower middle classes of Boal's community. The plays presented a character suffering oppression and made direct calls to the audience attending to decide on the ending the play should have, drawing from their lived daily experiences. Hence, the play script was live and the completion of the story depended as well on what suggestions and direction the audience participation will provide to the whole experience. This was a radical departure from previous theatre practices. On one occasion a female member of the

audience made a suggestion which the actors executed but failed to satisfy the woman in the way it was played out. Completely disappointed and frustrated with trying to explain to them exactly how she wanted her contribution to the story portrayed, she jumped onto the play area and acted it out by herself. With all parties satisfied, Boal learned from this experience to progressively invite the audience on stage to act out their participation to the development of the story in each play. To him, the woman's participation had introduced the 'spect-actor', at once a spectator and an actor at any of these theatre of the oppressed performances.

Forum theatre

The aim of Forum Theatre is to change the spectator from a passive to an active participant and to encourage people to get active and engage in dialogue about issues of concern within a given society.

Forum Theatre is a theatre of the oppressed technique that begins with the enactment of a scene or anti-model, in which a protagonist tries, unsuccessfully, to overcome any oppression relevant to that particular audience. The joker then invites the spectators to replace the protagonist at any point in the scene so that they can imagine an alternative action that could lead to a solution. The scene is replayed numerous times with different interventions. This results in a dialogue about the oppression and examination of alternatives and a rehearsal for real life situations.

When Augusto Boal developed Forum Theatre in the 1970s, his idea was that any society faced with problems can have solutions that are relevant to that society. Hence, the play opens a dialogue about a special theme and then leaves this to the audience so that the audience can add questions about that theme, thereby contributing directly to the development of the theme. In the end, the same audience finds solutions to this problem or the theme that has been raised. The nature of participatory, rather than consumer oriented theatre, is one whereby the audience feels part and parcel of society, participating in the diagnosis of its problems, questioning of situations to come up with solutions, and therefore claims ownership over whichever solution is finally agreed upon at the end.

Even though the play sets out to educate or inform the learner about a certain problem or theme, the learner/participant becomes very involved, contributing by raising questions about the theme under discussion and finding solutions. Consequently, the end of a Forum Theatre performance is never really predictable as the contribution of the participatory audience could develop the theme towards any direction with regards to the solution they find most appropriate to their society.

Improvisation and spontaneous action are very much employed within this practice and the audience is at once involved with creative thinking and creative problem solving.

Sustainability is of paramount importance here, as the audience, invited to contribute immediately from the onset of the theme, feels part and parcel of the whole project and is very much enthused to the point where the solutions proffered are part and parcel of them and they become very willing to participate in any future projects because they know their ideas and opinions also count.

Forum Theatre is, however, only a technique of the ensemble of Theatre of the Oppressed. Boal saw Theatre of the Oppressed as a system of games and techniques which aim at developing in the oppressed citizens a language of the theatre, which is essentially the human language. He argues that:

“This form of theatre is meant to be practised by, about and for the oppressed, to help them fight against their oppressions and to transform the society that engenders those oppressions. The word oppressed is used in the sense of he/she who has lost the right to express his/her will and needs and is reduced to the condition of obedient listener of a monologue. It must be used as a tool of fighting against all forms of class oppression, racism, sexism and all kinds of discrimination. Theatre of the oppressed does not aim at being only like Hamlet’s definition – a mirror that allows us to see our vices and virtues – but to be an instrument of concrete social transformation” (Boal, 2004).

The spect-actor at each of these Forum Theatre sessions would cry out “stop!” when the protagonist or the oppressed represented in the play is trying to replay the script and keeping to a direction which the spect-actor thinks does not reflect the reality they live. This spect-actor then moves on to the

stage, replaces the actor, whether professional or non-professional, drawn from their very community and carries the play forward, depicting the real forms of oppression as they live it.

If members of the spect-audience who are watching him think that his actions are plausible, they let him continue. If not, they would shout out “magic” so that he/she would modify whatever action he/she was executing at the time, accordingly. Should the actions of this spect-actor not be considered representative by the audience, another spect-actor is free to shout out “stop”, then move on to the stage and replace the preceding spect-actor to continue the play as they deem fit.

In the end, Boal’s intention was not to create a play that is didactic, but rather one that is dialectic in which there is communication coming from both the players and the audience, towards the same goal.

It is not intended to show the correct path that the protagonist or the oppressed has to follow, but rather to discover many different possible paths towards obtaining a revolution. This particular theatre is not revolutionary on its own, but rather it is seen as a rehearsal for a revolution whereby the problems analysed through this way and solutions discussed and tried broadly in this theatre, would then be used when needed in real life situations. Hence, the oppressed people would be proactive in their reaction to the oppressor and the different forms of oppression that would be employed towards them, either in the present or in the future, because they have been empowered through this type of rehearsal in the Forum Theatre.

Why use Theatre for Development?

In Cameroon as elsewhere in the world, various forms of communication are already in use in order to get information to the different peoples that make up society. Most of these forms of information or education are rather literary, top-down, and one-directional in the sense that there is no immediate feedback from the target audiences.

Theatre for Development, however, presents a forum whereby these target audiences are able to view their life circumstances in a different image from that which their daily routines offer them. According to Tim Prentki:

“... theatre uses fictions and the ‘safe space’ of performance. It is thus ideally placed to provide a commentary upon reality and to offer alternatives to the perceived realities in which a given community lives.” (Prentki, 1998 p.419)

Besides showing the community this different reality so that it could be able to make its own choices, theatre in this ‘safe space’ allows the participants the opportunity to try out these possibilities by themselves. Prentki further notes, in pursuit of this argument, that:

“...some theatre has fulfilled development roles in the sense of showing to the community which forms its audience ways in which it might alter its position on a particular aspect of its social reality and hence put itself in a state of developing from one view of itself to another. Theatre tries out possibilities in the knowledge that the consequences are never fatal; the dead character is restored as the live actor; the story can be tried out another way” (Prentki, 1998 p.419-420).

In effect, theatre, because it uses the human body, facial expressions, dialogue, gesticulations and props, song, dance and music, peculiar to each community in which it is performed, is a form of interaction within the community. It allows for the sharing of information, for conflicts to build, and for solutions to these conflicts to be sought among these participants in a fictional space which is not only safe but secure in its abilities to help these participants assert themselves. It is capable of transforming them into valuable contributors to the making of positive changes in their personal, social, political, and economic circumstances – otherwise their development. It is perhaps in view of this that Michael Etherton, as quoted by Prentki, has referred to this form of theatre as:

“...a participatory process of analysis and improvisation, followed by performance and further analysis. It is collective remaking of the drama in order to reflect a deeper awareness of the inter-relatedness of social, economic and political forces in people’s lives. It links these with their passions” (Prentki, 2003 p.41).

Put in this light, TfD appears to be a viable tool which any governmental department, development agent, non-governmental organisation seeking to

improve the conditions of people in any area would readily employ so as to get their objectives easily realised.

The themes treated by TfD are varied in third world countries. In the particular case of this study, the theme of HIV/AIDS presents similar problems, but with peculiarities for each context. The breadth and depth of analyses that go on when executing a TfD project on HIV/AIDS are such that ideas, of both the 'outsider' and the local resident who experiences HIV/AIDS either as an infected or affected member of that community need to be taken into consideration right from the beginning.

To attempt an examination of how different contexts produce different results, even in seemingly similar conditions in Africa, it may be appropriate to take a closer look at the example of a South African TfD intervention.

A South African TfD intervention

Introduction

In an attempt to better understand how context influences performance and impact with regards to TfD or other forms of Applied Theatre, this section takes a look at the intervention on HIV/AIDS in a different context from the Cameroonian one, namely that of the South African DramAidE organisation. While both Cameroon and South Africa share the similarity of being burdened with a heavy HIV/AIDS case load, they equally share that of being late starters in the field of TfD. With the benefit of the influence of Drama in Education (DIE) and Theatre in Education (TIE) practices from the United Kingdom in the 1960s and 1970s which were readily adopted in South Africa, the South African context is placed in an advantageous position of having started a lot earlier than the interventions in Cameroon. Key players in the South African context include Soul City (a TV drama series) and Tsha Tsha (radio episodes) as well as Drama for AIDS Education (DramAidE) interventions.

Despite the fact that almost every medium has been exploited in the South African context to combat the progress of HIV/AIDS, our interest will be limited

to the work carried out by DramAidE, especially as it relates more closely to the type of intervention that this study explores in the context of Cameroon. The end of Apartheid and the beginning of the African National Congress (ANC) rule with Nelson Mandela as President in South Africa in 1994, gave a change in emphasis to the drama projects that were being realised in South Africa. Rather than just conscientising people, the approach turned towards targeting individual behaviour change with regards to health, human rights and environmental education.

Founded in 1992, DramAidE is an organisation that was attached to the universities of Zululand and Kwa Zulu-Natal, with the specific aim of using drama and theatre for social change (Dalrymple, 2006 p.205). As well as setting specific objectives for its drama workshops and projects, DramAidE has, over the years, also been able to use a monitoring and evaluation system, making use of its personnel in evaluating the impact that its interventions have had on the target population. Independent evaluators have also been used in order to have a balanced, outsider's view of what impact their work was leaving on the people and communities involved in each of their projects.

Sponsorship

The initial sponsors of the DramAidE organisation were the Kwa Zulu Department of Health. The specific method that DramAidE seeks to use to bring about social change is by focusing on 'life skills training'.

The Kwa Zulu-Natal province of South Africa is the most hit area in South Africa in terms of HIV/AIDS infection rates. Available statistics in the year 2002 indicate that while the South Africa national infection rate stood at 26.5% of the population, the province's infection rate was 36.5% (Chinyowa, 2009 p. 34, UNAIDS, 2008).

A number of reasons could be readily advanced for the very heavy rate of infection in Kwa Zulu-Natal province. Some of these include the legacy of apartheid, the rate of unemployment of the largely black population in the province, their low education, which is directly also attributable to the long period of apartheid and the fact that the political leaders were also sending

confusing signals to the population with regards to HIV/AIDS. Some of these confusing signals included the fact that HIV did not cause AIDS, and anti-retroviral therapy was more toxic than helpful to the people.

In the face of this confusion and the deteriorating rate of infection in South Africa which, incidentally, has about the highest rate of HIV/AIDS infection in the world, the Kwa Zulu-Natal Department of Health did the right thing and sought the intervention of the University of Kwa Zulu-Natal's Department of Drama. According to Lynn Dalrymple, the department, 'financially' and 'technically' supported the organisation to "offer an educational drama and theatre project for HIV/AIDS prevention" (Dalrymple, 2006 p.205).

Dalrymple, however, notes that the department's approach to AIDS education was guided by psychological theories of behaviour change which put emphasis on the idea that young people needed to change their behaviour because they were at risk of infection with HIV and other sexually transmissible diseases. This, to her, did not envisage the fact that there were other young people who already adopted more responsible behaviour and did not need any change at all, but rather needed to share their experiences and encourage others, acting as role models (or providing peer support) in order to facilitate behaviour change among other youth. Therefore, as drama professionals, Dalrymple and her colleagues decided to give the project the full consideration it deserves as an interactive approach; not just that of sharing information, but of learning from the people to whom the information is intended as well.

With the initial play, *'What if it's True?'* right through to the present, DramAidE has shifted focus from the approach initially taken to target individual behaviour change and grown beyond that, to social mobilisation, and social influence. Examples of these interventions are found in the plays that they presented, such as the Act Alive Project and the Health Promoters Project. Over the years, DramAidE moved from a three-phase intervention strategy to a five-point intervention strategy. Included in the latter and considered below in detail, is a play titled 'See you at 7', which is part of the Mobilising Young Men to Care Project.

See You at 7

There exists a video accompanied by a textual guide (manual) which both make up a complete package of TfD experience and guidance for practitioners wishing to share similar experiences with their community.

According to Dalrymple and Botha (DALRYMPLE & BOTHA 2001 p. vi):

"The video was filmed in May 2000 during a Forum Theatre presentation by participants from Ikusasaletu High School in Mtubatuba to participants, staff and community members from Somshoko High School in Amatigulu. The presentation took the form of three playlets (mini plays) about relationships, sex and HIV/AIDS. The playlets were developed by the participants themselves during a workshop process which took several months. During this process the group explored the themes, workshopped the scripts and rehearsed for the performance."

See you at 7 comprises three playlets, namely:

-Does 'No' Mean 'Yes'?

-The Fourth Flag

-Let's Condomise!

The first playlet analyses risky behaviour amongst school aged children in South Africa and tries to understand the reasons why they engage in such risky behaviour.

The second playlet looks at how gender stereotypes affect the way young people grow, being gender conscious and reinforcing the stereotypes in their own sexual behaviours. It is aimed at society at large and seeks to break this cycle of stereotyping. These two examples could be said to be peculiar to the South African context and will not be dealt with in this study.

Let's Condomise!

The third playlet *Let's Condomise!*, however, presents a universal theme. As the debates between secular and religious organisations continue over whether or not to encourage the use of condoms in sexual relationships, this playlet looks at the personal and social barriers to responsible behaviour and how they can affect the individual and thereby the whole society at large. For this reason and because of its close resemblance to the intervention in

Cameroon, which will be seen later in this study, it may be worth taking a closer look at this particular playlet.

Appreciating the fact that the preoccupations and sexual choices of the different age groups are varied, Dalrymple and her team of facilitators decided to select a specific audience for this workshop intervention, instead of playing to an open market square, a street or any other venue where there would be mixed age groups with mixed attitudes to the messages that are contained therein. Being that the target audience here is that of teenagers of secondary school age and in secondary schools in the Kwa Zulu province, the language of choice is the language of communication in the schools which is largely the English language.

Meticulous care was taken, however, with the workshop participants so as to ensure that the language used was simple and understandable to the full age range in the school. The use of local flair and colour in terms of call and response songs, and idioms, enriched and entrenched the performance in its locality of origin. These were used specifically so as to promote the idea of an inside-out approach in order to make the audience responsible for the actions and decisions that they take, both in the play and in their lives after the play. The length of the play presented to the audience was short enough to sustain the audience's interest and prevent unnecessary distractions away from the performance. Here is an excerpt of the text provided in the guide (DALRYMPLE & BOTHA 2001 p. 34):

Excerpt of playlet Three: let's Condomise!

The chorus opens with a song about using condoms.

NARRATOR Phikinkani and Thembi think they are in love. They have talked about it. Some young men think it's important for a woman to prove she can have a baby before she gets married. But if she gets pregnant how will she tell her parents? How will she raise a child? What about her schooling? And what about the risk of HIV/AIDS? She may regret a decision to have sex without protection, what do you think she should do? Let's see what happens in the story.

PHIKINKANI [Nodding his head repeatedly] Thembi! You must be in love with someone else.

THEMBI [Surprised] What? [Looking at him searchingly] How dare you speak to me like that?

PHIKINKANI [Angrily moving away] Thembi, ever since we fell in love you never said we must use a condom when we make love, and besides [pointing towards her now] you know that for us to get married I must know whether you can give birth to a child or not.

Nangaphandle kwalokho nje mina anginabo onesi, nodokotela namaphoyisa okulahlwa nje. Cha, cha, cha! (Besides, my sperm could be a nurse, doctor or policemen and its not to throw away. No, no, no!)

THEMBI Darling, [drawing closer to him] there are Sexually Transmitted Diseases. There is HIV/AIDS. That one is worse because it's incurable. It is also acquired mostly through sex. Why do you want to take a chance like that?

PHIKINKANI What! Aids! Darling, you speak about that troublesome disease? *Ugxagxa*, is a traditional healer, *inyanga enkulu* (a well-known healer), he can cure Aids. There is no disease that is incurable to him. Futhi – ke izinyanga eziningi seziyakwazi ukuyelapha

ingculaza (And for your information many traditional healers are curing AIDS).

THEMBI They can't. Daluxolo's father is a traditional healer. He told his son to use a condom when he makes love with his girlfriend.

PHIKINKANI How did you know that?

THEMBI Daluxolo's girlfriend told me. She insisted we must use a condom too.

PHIKINKANI Ungena ngaphi othandweni lwethu, ngizombamba (What has she got to do with our love. I'll get her). I refuse to use a condom.

Listen to me – I hate them and what use are you if you don't have a child. You come here or that's the end of it.

THEMBI Well we will have to do as you say.

The chorus sings a song.

NARRATOR: Time has past. It is 8 years since we last heard of Phikinkani. He is at home. He looks very thin and pale. He's been lying down for at least a month. One of his old girlfriends, Thembi is visiting him

THEMBI How are you Phikinkani?

PHIKINKANI I'm very weak. I don't like food. I don't have an appetite. My stomach is always running. They told me I have AIDS.

THEMBI What? You mean you are dying Phikinkani, and I might be infected also? I wondered why I was not feeling well in the last few months.

PHIKINKANI Oh! No, we won't die Thembi. I've sent someone to call *Gxagxa inyanga enkulu izongelapha* (The great healer will come and cure me).

THEMBI Gxagxa cannot cure Aids, I told you that we must use a condom but you never listened to me. [crying] Gxagxa enters with his bag of umuti.

GXAGXA What's wrong young man?

PHIKINKANI They say I am HIV positive [Phikinkani hands over his card to Gxagxa]. Gxagxa looks at the card and nods his head.

GXAGXA AIDS! I thought it was just headache. I'm sorry I can't cure AIDS. I've failed several times. My patients have died many times.

The chorus sings a funeral song.

JOKER [To the audience] Could anyone have acted differently? Is there a scene you would like us to replay so that the ending would be different?

Participatory Forum

The play is structured such that when the story is told up to this point, the play is stopped. The participatory audience would then hot-seat the characters on stage, especially the protagonist, Phikinkani (the one who never listens to advice). As the audience hot-seats him about his choices in having unprotected sex with Thembi, they are drawn into the liminal space of make-believe between the reality of what obtains in South Africa and the fictional world of the play, thereby identifying with the problem posed, deeply understanding it, and seeking solutions.

After the hot-seating comes replays of sections of the playlet, such that the audience participates actively in trying to influence the course of the story to a different outcome from that which has befallen Phikinkani and Thembi because of the choices they have made in the presentation that has just been watched. It is in the dialogue that ensues at this stage and the interaction between the actors and the audience that the hope is raised in the participants of rehearsing for life and preparing to encounter similar situations in real life, thereby influencing their peers to take a similar positive stance in terms of choices in their sexual behaviour. It is while grappling with this replay and the notion of using or not using condoms that the participatory audience is subtly led into analysing and taking major decisions with regards to the patriarchal notion of childbearing as an utmost necessity, especially in the South African context.

In all, the youthful audience, away from the haunting or intimidating presence of their parents or other elders in society, are comfortable with their peers in discussing what otherwise would have been a taboo subject. This is designed to pave the way for a new generation of adults that would not consider the subject of sex a taboo any longer.

Having pre-empted possible directions the play could take, the narrator (joker) finally gives a conclusion to each of the replays and choices that the participatory audience would make during the forum.

The impact of the 'See You at 7' trilogy as performed in close to 800 schools was great in terms of the breadth in coverage. As to whether the intervention

itself led to an impact in sexual behaviours towards a positive change for the youth who were targeted in these interventions, Kennedy Chinyowa argues that through theatrical performances framed by narrative ritual and Forum Theatre as socialised technology or cultural engineering mechanisms, alternative realities were created that may leave traces from which future actions can be constructed (Chinyowa 2009 p.50). He declares he is in agreement with James Thompson (2006 p.58) that:

“... applied drama and theatre participants cannot remain neutral to the different frames of behaviour they have been rehearsing in workshops and performances.”

As for Dalrymple (2006 p. 215), she takes a modest middle-of-the-road approach about the impact of their and other TfD practitioners' work:

“... a participatory approach that generally seeks to meet the needs of target groups is more likely to address genuine issues and has more chance of making the desired impact. However, these approaches do not always measure up to the rigorous scientific standards or meet the requirements of donors for neat, verifiable, numbers and statements. Also, it seems that in the final analysis, attributing social change to specific interventions relies on a subjective interpretation of causality.”

Dalrymple suggests that even with the action research approach and all the cycle of planning, acting, data collecting and reflecting which she and her team have put in to DramAidE project interventions, carefully, systematically and rigorously, there still have been both successes and failures along the way. Consequently, their work has been challenged from point to point and subject to changes, depending on the responses from the audience to particular activities at certain points of the intervention.

Dalrymple's conclusion as to whether DramAidE's interventions at various levels have made any difference at all in terms of the set objectives and a sustainable impact on the audience, consequently, is:

‘...we have adjusted our programme to meet the needs of our target audience as the AIDS epidemic has progressed. This approach is about finding the way together as we go along or making small

changes that contribute to a joint effort by both Government and civil society to make an impact.' (Dalrymple, 2006 p. 215)

With this DramAidE intervention in mind, it must be said that even in Africa a different context with different methods produces different results, as we will try to explore in the People's Theatre for Social Change intervention in Cameroon.

CHAPTER TWO

Specific country context

To better appreciate the theatre interventions that emanate from the Cameroonian context, however, it may be timely to first of all understand the exact socio-political and economic context of the country. For as Zakes Mda suggests, Theatre for Development:

“...must, first and foremost, help people to identify the sources of poverty and underdevelopment, and, secondly, explore ways and means of how such causes may be eradicated. Follow-up action should be the actual application of strategies to eradicate such causes. Theatre should stimulate a continuing dialogue towards solving the problems of the community.” (Mda, 1993 p.23)

Brief history

As the first cases of HIV/AIDS were reported in June 1982 by the Centre for Disease Control (CDC) in the United States of America, so also Cameroon's then Prime Minister, Paul Biya Bi Mvondo took over power on November 6th 1982 as President of the United Republic of Cameroon. Paul Biya has been in office since this discovery of HIV/AIDS, watching it grow from initial diagnosis to the pandemic proportions it has attained with the risk of total annihilation of whole regions of the earth's population, not excluding Cameroon.

Archaeological studies reveal that people have lived in Cameroon for about 500,000 years and trace the origins of the Bantu speaking people of Africa to its Western parts as well as parts of Eastern Nigeria. Contacts with other parts of Africa and the world began with commercial activities, especially the trade in minerals like gold, bronze and copper but also importantly, the slave trade which saw a total of about 10,000 slaves taken to North Africa between 950 and 1450.

Though Cameroon became a fertile ground for the supply of slaves to the New World (Portuguese, Dutch, British, French, and American), the earliest recorded European contact is the coming of the Portuguese in 1472. On approaching the country Fernando Po found prawns in the estuaries close to Mount Cameroon and decided to call the place 'Rio dos camaroes', the River

of Prawns. While the English used the reference 'the Cameroons' to represent the vicinity around the mountains, by 1884 the Germans used the name 'Kamerun' to refer to the whole protectorate they had acquired. After World War I which saw the invasion of this German protectorate by Britain, France and Belgium, the area was split in two. British rule was established over a smaller piece of the country to the West, which later became West Cameroon, while the French took control over the greater Eastern portion that later became known as East Cameroon. The British ruled their new acquisition as a peripheral province of their colony, Nigeria whereas the French were more engaged in the East as part of 'la France d' Outre Mer', or French Overseas Territory.

Socio-political background

Multiparty politics in Cameroon started after World War II. The nascent feelings for nationalism and independence led to the creation of political parties to fight for independence. Three of these were prominent in this struggle, notably the Union des populations du Cameroun (UPC), Democrates, and the Union Camerounaise (UC) of Ahmadou Ahidjo (August 1924-1989). The latter two parties were moderate in their political stance whereas the former, UPC operated largely from abroad and advocated for total freedom from the French Overseas Territory status and reunification of the two Cameroons.

By 1957, French Cameroon obtained its autonomy and political activity culminated in the achievement of independence on January 1, 1960. On its part, English Cameroon was further split at a plebiscite in 1961, with the northern part voting to become part of Nigeria as the southern part returned to Cameroon to create the Federal Republic of Cameroon. This two-state federation recognized the federated states as East Cameroon and West Cameroon. Ahmadou Ahidjo, who was Prime Minister of the autonomous French Cameroon from 1957 and its president at independence from January 1, 1960, also became the first president of the Federal Republic of Cameroon.

East Cameroon had Charles Assale as its first Prime Minister in the federation while West Cameroon's Premier was John Ngu Foncha.

Ahidjo's reign however, left little as impact from the premiers of the two territories of the federation, with power concentrated mainly in the hands of the incumbent federal president. The centralization of power which as "Father of the Nation", Ahidjo saw as a means of reuniting all the ethnic, religious, regional, political, economic, and linguistic divides promoted by colonialism, so as to forge a powerful and prosperous nation, nevertheless became the grounds for a dictatorship that saw most convinced opponents into exile or complete suppression. To achieve his goals, in 1966 he created a new political party (Union National du Cameroun, UNC) to replace the UC and represent this unitary philosophy, and five years later held a manipulated plebiscite which saw abrogation of the federated state and the birth of a United Republic of Cameroon. This he ruled single-handedly without a prime minister, and with a heavy hand—single party state, censored media, ruthless police and military suppression of all forms of opposition especially from the former West Cameroon, and blunt dictatorship of all policies - for three years before appointing Paul Biya as first prime minister on June 30 1975. Seven years later, this dictator who was voted president in 1960, 1965, 1970, 1975, and 1980, was tricked into surrendering power voluntarily on health grounds and appointing his prime minister as next president.

In spite of Ahidjo's high handedness, the economy was buoyant and his success was further enhanced by his investments in infrastructure (schools, transport, hospitals, industry, agriculture, etc) which were clearly outlined in his famous 'five-year development plans' executed to the letter for fear of the wrath of the dictator. The same may not be noticed with his handpicked successor, Paul Biya. When Biya took over power on November 6, 1982, a series of health infection symptoms reported to and studied by the United States Center for Disease Control, CDC which started in 1981 had been named as Acquired Immunodeficiency Syndrome, AIDS, by mid 1982.

The conception, evolution, management, and general state of affairs of HIV/AIDS from inception to the present may be a proper paradigm for analysis of the Biya presidency.

The Biya years

As the United States which had made the discovery of the symptom, largely among its gay population, delved immediately into research and analysis of the problem in order to proffer solutions, the Biya approach was that of neglect. The problem to him at the time seemed to be typically American, which did not really concern him or draw any serious attention. Little did he imagine that the problem was going to be explosive in Cameroon. As he paid little or no attention, HIV/AIDS found fertile ground to grow steadily, unchecked, underneath the appearances of a healthy society.

Similarly, Biya enjoyed the reins of power without being much worried about the hold on party chairmanship which was Ahidjo's prerogative and there soon erupted clashes in policy between the head of state and the party chairman which led to the staging of a military coup on April 4, 1984. Caught unawares, the regime was momentarily destabilized, but the coup was suppressed and Biya eventually gained control of the situation which resulted in Ahidjo fleeing into exile where he died in Senegal in 1989.

Biya inherited the complete policies that characterized dictatorial, over-centralised and bureaucratic, post-colonial French assimilationist rule. This type of rule has a known characteristic of questionable legitimacy. Udogo remarks that:

“The issue of political leadership and the desire to produce men and women who command national legitimacy has been tough in all polities-and this dilemma is probably more critical in the developing nations” (Udogu, 2008).

In the case of Cameroon, the ruling class has been more concerned with acquiring legitimacy, not through providing the developing needs of the people, but by feigning such to foreign sponsors and showing the

Cameroonian population that their rule has a sanction of approval from recognized western democracies.

The Power Structure

Administration in Cameroon can best be described by the words of one of its former ministers, at the time Minister of Territorial Administration, Andze Tsoungui, who repeatedly said “La loi est faite par l’homme et il peut la changer a tout moment.”¹ Hence, the Head of State has changed every law, including the constitution, which easily gets passed by a rubber stamp assembly of hungry politicians seeking personal gain, rather than the development of the constituencies they are supposed to be representing. The centralisation of power in the most strict sense of the word means that virtually nothing gets done because from the village level you have to process whatever needs to be done through the sub-divisional officers who in turn forward to the divisional officers for approval and they in turn relay to the regional governor who will still make them go to the Ministry in charge in Yaounde where a decision will be expected to be taken. Meanwhile, a communal or fiscal stamp affixed to any of the documents may fall off and these will then be termed as ‘incomplete files’ and abandoned and completely forgotten in any of the offices along the chain.

The very poor road infrastructure and lack of a computerised administrative procedure allows for a lot of time to be lost to the extent that people give up on any such initiatives and nothing ever really gets done.

Power is dominated by the executive arm, namely by the President who virtually appoints everyone in every other arm of government. Although the national assembly is elective, many of its ruling party members who form the majority come to the assembly through highly debated or outrightly rigged elections and so do not really have any true loyalty to their supposed electorate, rather to the defender of their fraudulent winnings. The speaker of the national assembly is elected by the honourable members, but everyone

^{1 1} My translation: “Man makes laws and he can change them at any time.”

knows that the candidate presented and voted into that office is usually the choice of the president of the republic to whom every allegiance is owed. The speaker can only accept, allow room for debate and vote on bills with the outcomes that the head of state has prescribed. It is for this reason that, though a new constitution came into force in 1996 making room for the creation of regions, regional assemblies, and a two-tier parliament with a house of commons and a senate, the latter has not yet been implemented. The same constitution allows for a two-term presidency with a seven-year mandate for each term, but was amended through the engineering of the presidency of the republic in February 2008 so as to allow the incumbent whose second term is running out the possibility of running again in 2011. By that time, Biya would have been in power for twenty-nine years as president but for more than four decades in other high offices including that of prime minister under Ahidjo. This constitution had come to give Biya more time in the seven-year mandates as the hitherto five-year mandates were running out too quickly. The regional assemblies have not yet been created thirteen years after the constitution making provisions for them, and so also the senate. Yet, realizing that even the two seven-year terms given the president under that constitution are running out, the hurry by the regime and its rubberstamp assembly was in securing a life presidency for the Biya regime by removing the limiting clause in the constitution to allow for him to run again as many times as he can.

Access to political posts such as minister and secretaries of state and board and other chairmanships of parastatal corporations are mainly through appointment by the presidency of the republic. The result is for there to be as much boot-licking as possible for anyone to get close to the circles of power, rather than through hard work and a commitment to serve and improve the lot of the people. Most appointments into sinecure posts come as a reward for leg work carried out for the regime in its election rigging and other such ventures, but the tribal origins of the appointees are also as important, as the president's Bulu/Beti tribes occupy about sixty percent of the important posts and the other, irrelevant ones, are distributed as he deems fit to the rest of the over two hundred and forty tribes. Governors of the regions are all appointed

by the president as well as the divisional and sub-divisional/district officers, such that there is control in all the areas of governance from top to bottom without room for initiative from any level. As with the government, finance is centralized and so no projects can be approved or initiated at any level except through the central government in Yaounde which is plagued with administrative bottlenecks and such inefficiency and mismanagement that hardly anything gets done. The consequence can be seen in the state of the roads, health and other essential service infrastructures which have been treated with abandon in all the twenty eight years Biya has been in power.

Even among a specialist corps like the medical where things should be handled professionally and by merit, no appointments or posts of responsibility are given to anyone just out of merit, but as a reward for some service or allegiance, belonging to a certain tribal or other origin, or as a bait for a waiting request for service in something unpopular that suits the whims and caprices of the head of state. Hence, the national AIDS Control Committee has been controlled by people who, like any other ruling group, have seen their positions as a reward for and gone into office more for what they will get out of it than what service they will offer to the suffering and dying population. The result of this attitude has been the massive embezzlements that have seen a lot of the services the outfit is supposed to provide at national, regional, divisional and district levels curtailed to the barest minimum to blindfold the donor organizations about the seriousness of work being done.

Equally, essential drugs acquired through the subventions of various donor organizations with the intention of making treatment accessible and free to all in need in the country, have made their route onto the shelves of private chemists and drug hawkers who sell them on. The difference in the statistics relating those in need of treatment to the actual number undergoing the same is a telling revelation of the state of affairs. As much as stigma, denial, and lack of sufficient information contribute to the disparity in numbers, it is largely the mismanagement of structures that are normally responsible for both providing information to take care of stigma and denial, and the necessary care for the infected and affected.

Recently, the detention of a former minister of health (Urbain Olanguena Awono) and some authorities of the NACC accused of embezzlement of public funds has been praised and welcomed by many, although nobody is ignorant of the fact that it has taken a very long cry by the population and the observant and pressuring hands of the donor organizations for these detentions to happen. In fact, it is more to show the donors that action is being taken responsibly to redress the situation, so that they should not all withdraw sponsorship. Proof is that the detainees are held without trial for very lengthy periods, some running into years, to the extent that the real reason for their being there is actually forgotten and the public's attention is taken elsewhere on other more current unpleasant occurrences which are never too far apart to find. This explains why since his arrest on 31st March 2008, with the permanent secretary to the National AIDS Control Committee (Maurice Fezeu) and others (Kometa, R. 2008), allegedly over the embezzlement of HIV/AIDS funds, trials have not yet begun.

The population is also aware of the fact that only a handful of the culprits responsible have been picked, while the rest along the long central administrative chain are still freely continuing their corrupt activity.

The Economy and HIV/AIDS

One of the greatest impacts of HIV/AIDS in Cameroon will be that on its economy, which is the biggest in the six-nation central African CFA zone. It produces some 90,000 barrels of crude oil annually, and also exports bananas, cocoa, cotton, rubber, and coffee.

Rio Tinto Alcan is a partner with Cameroon's government in Alucam (Cameroon Aluminium Corporation), a bauxite mining operation in Edea, which is planned to include a 1 million tonne aluminium smelter at Kribi. Hydromines of the U.S., the United Arab Emirates' Dubai Aluminium (DUBAL) and India's Hindalco Industries have formed Cameroon Alumina Limited (CAL) to exploit 1.2 billion tonnes of bauxite from Cameroon beginning in 2013. Their plan includes a £2.5-3 billion investment in a bauxite mining and refinery project near the northern town of Ngaoundere, and a 600km railway linking the project to the port city of Douala in the south.

The Canadian mining company, Geovic owns 60 percent of a nickel, cobalt, and manganese project in Nkamouna, in the east of Cameroon. This project is expected to produce 4,200 tonnes of cobalt per year for a period of 21 years, which will make Cameroon the second largest producer in the world.

Meanwhile, Australia's Sundance Resources is expected to begin its exploitation of iron ore in the Mbalam area of southern Cameroon this year (2011), as Nu Energy Corporation of Canada is exploring for uranium on two sites in the north and south.

Huge industrial and other economic investments that bring large numbers of working age groups together as they seek to stave off their poverty also double as fertile premises for HIV/AIDS and other STDs to thrive. With the Chad-Cameroon oil pipeline project for instance, Kigotho reported that:

“Aware of the high prevalence of HIV/AIDS in parts of the route, the World Bank together with the two countries decided to spend about US\$4 million in intervention programmes. John Caldwell, an AIDS researcher in Cameroon, says that 50% of prostitutes in some areas directly on the pipeline route are infected with HIV. 25% of truck drivers using the roads along the route are also infected... There will be social marketing of subsidised condoms and other contraceptives as well as treatment of sexually transmitted diseases among prostitutes working along the route. Health workers will provide information and education to modify the behaviour of construction workers who will live in temporary barracks. The package is geared towards preventing an HIV/AIDS epidemic in the two countries” (Kigotho, 1997).

Interestingly, it is only 'health workers' who were earmarked for 'information' and 'education' to 'modify the behaviour' of the workers, with no consideration given to other avenues through which these goals could be attained, or the fact that education is a two-way communication process requiring the input of the construction workers and associated community.

Languages

Language is one factor that influences all aspects of Cameroonian livelihood daily and accounts for both successes and failures in reaching development targets economically, politically, socially, including how it influences and is being influenced by theatre and HIV/AIDS issues.

American professor of political science and Fulbright scholar Debora Johnson-Ross who visited Cameroon captures this linguistic aspect of the country in the words:

“The official languages are English and French, but there are more than 250 ethnic language groups throughout the country. Cameroon has been called an “Africa in miniature” because of its varied terrain: it has a rain forest, active volcano, mountains, beaches, desert, and grasslands, as well as religious and cultural diversity.” (Johnson-Ross, 2008)

While this diversity allows for unity, it accounts for some of the strongest reasons and forms of disunity as well, which all have contributed in shaping the country and placing it where it is at the current world level of classification of development theoretically and practically, in spite of its vast economic, material, mineral and human resources.

The country boasts of being an ocean of peace, especially in Africa south of the Sahara which has been plagued over the last few decades by a lot of military and civil unrest that have resulted in genocide in some of the countries. This can directly be linked to the language factor, as most attempts at a military coup or other form of civil unrest have been foiled, largely due to the influence of linguistic differences and allegiances which prompted dissatisfaction and betrayals of some sort. The Biya regime uses this as a major tool in dividing, subjugating, and ruling the country in the manner that he and his clique want. His native Beti language is spoken in the corridors of power where he and his immediate collaborators have surrounded themselves with members of the ruling clan, otherwise referred to in Cameroonian French slang as ‘le pays organisateur’.

Biya’s accession to power brought prominence to the Beti language and its sphere of influence spread to music, theatre, and all other aspects of social and economic life. Beti musicians sprang up overnight and including Beti phrases and slang in comedy of a panegyric nature or other themes (greed, illiteracy, police and hospital bribery/corruption, among others) drew government support and politicians’ discreet funding.

Contrarily, theatre of a serious nature in English, pidgin (widely spoken broken English) or French, attracts little or no support, financial or otherwise, from the ruling elite. These efforts have always instead been heavily repressed and forced to either die down or played down in the official state- controlled media which for long had held monopoly in the communication sector. Thus, the efforts of Bole Butake, Victor Epie Ngome, Gilbert Doho, Bate Bessong, among others, addressing national and political issues in their plays, have greatly been frustrated and left to survive only on the strength of the performing artists and their audiences to hold on in the face of all odds including arrests.

While English and French are the official languages, both are limited to use in the official administrative, academic and media circles. The large population of the country, because of the great diversity in languages, resorts to the use of pidgin as lingua franca in their daily lives whether that is in ordinary conversation, business, or other communication. Recognition of the power of this language and its influence on the understanding and lives of the people has made it a necessary medium for use in many meaningful sectors of communication. The musician Lapiro de Mbanga drew on this in his highly political music releases to reach the largely unemployed and suffering masses and became so popular that he was a major pillar in the opposition efforts to conquer the Biya regime in the early 1990s, until he was financially lured and misused for some time by the ruling junta, and lost favour with the public.

Theatre as practised in the university circles in Cameroon has progressively lost audience due to many factors including sponsorship and the appearance of newer forms of entertainment in television, movies, and pubs. One of the major reasons is also the reliance on formal English which limits the audience to university students and those who have had a formal education up to high school level. Other commitments don't allow these however, to be regular audiences at performances, except students who are compelled to attend as part of their assessment may be based on a critique of live performances. Preference has thus moved from holding performances in English in these academic circles, to taking theatre to the people where they find themselves.

These have fostered the move towards TfD as will be seen later in the works of NGOs, Bole Butake, Emelda Ngufor, Cynthia Henderson, Gilbert Doho, and others.

Their works are nevertheless limited due to the language factor, to areas where they hold linguistic competence and performance in order to present, participate, or facilitate performance, depending on which form of theatre practice they have been engaged in. This is even more so as pidgin that is widely understood in most parts, is not a standardized language and draws a lot of its vocabulary from both French and English as the case may be, whether it is spoken in Francophone or Anglophone Cameroon, but even more so from the 250 local languages used in the different ethnic groups of the whole country, especially largely rural and deprived areas.

HIV/AIDS Profile

According to Dr. Peter Piot, in his Foreword to the 2008 Report on the Global AIDS Epidemic,

“AIDS is a supremely complex issue that demands an unparalleled response from all sectors of society, worldwide. But ... it is increasingly evident that — given the will and given the resources — we can do it.”

The UNAIDS/WHO country profile of Cameroon for the year 2007 puts estimated AIDS prevalence at about 5%, which translates into just under five hundred and forty thousand people (540,000) living with the HIV virus. About forty thousand deaths are supposed to have resulted from HIV/AIDS complications within the year as well, while the figure reduces to about thirty-nine thousand (39,000) deaths in 2008. These figures contrast with the National AIDS Control Committee's, which in its strategic plans for the pandemic in the country presents the infection number for the 2006-2010 period as five hundred and five thousand (505,000) infected. (UNAIDS 2006, 2007, 2008, 2009, 2010)

It is estimated that 25% of pregnant women received treatment to prevent mother-to-child infection during or shortly after delivery. Women are presented as the hardest hit accounting for about sixty-one (61%) percent of the total infected in the 15-49 age bracket that is mostly contacted and studied.

Infected women statistics reveal that the highest prevalence was in the North West Region adding up to 11.8%, followed by the South West Region with 11%, and the capital city, Yaounde of the Centre Region third with 8% level of infection for women. There are also more cases found with pregnant women than those who were not pregnant.

For the men, the prevalence rate stands, in descending order, at 7.2% in the East Region, 5.2% for the North West Region, 5.2% for the West Region, 5.1% for the South West Region, of the ten regions that make up the country.

While infection in the urban areas is largely over and above that of the rural areas, it is mainly the youth who are hardest hit. The most vulnerable groups according to the NACC are the 15-24 youth group, the forces of law and order (police, Gendarmerie, military), sex workers, inter-city truck drivers, coastal and riverine inhabitants where fishing, mining, and other assorted industry greatly affect the way of life of the dwellers and promote infection.

Meanwhile, 25% is the rate of coverage of anti-retrovirals among the population needing this therapy. Of this, the over 127,000 children orphaned by AIDS are among the least catered for, as the relevant support facilities are not in place for them under the NACC's National Strategic Plan which is supposed to make provisions for them. The budgeted 497.5 million CFA francs for the period 2006-2010 may not be sufficient for the NACC to achieve its goals of catering for prevention campaigns, treating the infected, and caring for the affected within the time frame.

According to the newly appointed Regional Technical Coordinator of the North West Regional Group for the fight against HIV/AIDS, Dr Gladys Forsah Tayong, the structure is pressed for cash and cannot do much without the necessary funds. Since the NACC relies on foreign donor organizations for funding, such funding comes for specific aspects that each organization is willing to sponsor for a certain period of time. Dr Forsah declares that some of the programmes have come to an end and seen the withdrawal of the donor organizations such as the World Bank and the World Health Organisation,

leaving only the Global Fund for the fight against HIV/AIDS as the continuing sponsor, with repercussions on the running of the whole programme (Tayong, G.F. 2009)

Consequently, the Local AIDS Control Committees, LACC, and the Community Relay Agents who through it have been very instrumental in fighting the pandemic in all its aspects, have seen their contracts terminated by the Ministry of Health. Some of these agents in the North West Region are still owed the stipends they get and need in order to carry out their functions. With four months arrears still held by the government, the fifty-two (52) agents for the North West Region saw their contracts terminated in April 2009. The most important consequence of this problem is the fact that the treatment centres in the region periodically run out of essential drugs needed by patients already on treatment. With most of the drugs being generic versions and there being little or no substitutes for resistance to them, shortage of supply and thereby skipping of doses of their medication means that many of the patients will develop resistance and die. Commenting on the problems plaguing the HIV/AIDS sector following the interview granted Dr Forsah, Mbua Joe said:

“Take it or leave it, corruption has been rocking this section even in your region. I have a relative with this virus which he got through blood transfusion, he has been telling me horrible things which make me petty (*sic*) even those without the virus. Be careful people of the NW region, it might be you soon”

Corruption is one of the biggest problems confronting the fight against this pandemic. Donor organisations that are displeased with the forced channel the sponsorship must take and the final use put to their donation or sponsorship end up being disillusioned and abandoning any involvement with the project, however painful that abandonment could be. Proof of the permeation of corruption into all spheres of Cameroonian life, including the health of sick and dying people, is drawn from the recent arrest and detention of the former chairman of the NACC who stands accused of the embezzlement of millions CFA francs as well as the detention of former

minister of health, Urbain Olanguena Awono on the same corruption charges and embezzlement of public funds.

During the summer 2009 holiday alone, the 'Holidays without AIDS' programme run by the First Lady's African Synergies against AIDS and suffering with the backing of the WHO and UNESCO, saw five hundred peer educators for the age range 15-24 descend on their peers during the holidays, counselling and encouraging them to go for HIV testing. In all a total of one thousand seven hundred and fifty-four (1,754) of this age range were found positive of the thirty-five thousand seven hundred and eighty that went for the tests in the ten regions of the country, making up 4.9% prevalence rate among the youth tested, which is a reflection of the current situation prevailing in the rest of the age groups in the country.

Methods of contraction of infection

Leaving the research by Beatrice De Hahn et al relevant to the initial cross infection of HIV from the *Pan Troglodis troglodis* chimpanzee in the southern region of Cameroon (Hahn, B. et al 2006), our attention is focused more on the immediate modes of transmission rather than the remote causes. The reason is that hunting these animals for food in Cameroon in the recent past is totally negligible as they are rare for hunters to find nowadays, and as an endangered and protected species, it is illegal to hunt them for food.

Infection is present in society already and is progressing at pandemic proportions, and that is the aspect that is being addressed here, so as to understand how the spread manifests in the Cameroonian context.

The major identified ways of transmission of infection of HIV are through exchange of needles with injection drug users, blood transfusion, mother-to-child during childbirth, and unprotected sexual intercourse. Cameroonians are not known to be drug users in the category of injection drug use. Even if it cannot be said with any degree of certainty that there are no users in the country, this method of transmission is not much considered in dealing with the context in question as most of the population is rather unaware of there being a form of drug addiction like that.

Blood transfusion initially contributed to some measure of infection nationally, especially with the unavailability of HIV test kits in most of the local clinics and hospitals at the time. The rampant motor accidents and consequent enormous blood losses that usually occur meant that a good number of patients got the virus from blood transfusion when contaminated blood samples were administered without passing through the test. With most hospitals now equipped with test material, this method of transmission accounts for a negligible number of infections due to human or other error.

Mother-to-child infections still remain a big contributor to infection of people in Cameroon. Many are the mothers to be who are unaware of their infection status, not exclusively in the rural areas, but especially so because most of these places still do not have any proper village or district hospitals. Where a clinic exists, there may be a lone nurse or two, who function as nurse, midwife, lab scientist, doctor, and all that keeps such a centre operating. There is no periodic visit from a full medical doctor, and there are usually no major equipment or HIV/AIDS test kits and drugs. The larger Cameroonian population is made up of people living in this type of local community, for whom to have any meaningful diagnoses and treatment of a major illness means that the patient and family have to raise a lot of funds to travel to a bigger town on the largely riskier dirt roads. On many occasions, the option is not feasible and the people are abandoned to their rural fate, surviving with what the local attendant nurse can afford. Where they cannot, they die. It is in such conditions that the transmission from mother-to-child thrives, as the status of the mother is usually not known before, during, or after childbirth. In some of the cases, delivery is done at the household with the elderly women therein assuming the duty of midwife. The consequences are the various infections that either or both mother and child end up with after the procedure.

Unprotected sex, however, is unarguably the major method of transmission of HIV/AIDS in all of Cameroonian society, whether rural or urban. It must be noted that homosexuality is a crime in Cameroon punishable by up to five years imprisonment. Lesbianism may correctly be said not to really exist as no

case(s) have so far been reported even by the gossip newspapers, but men who have sex with men (MSM) do exist. Newspapers reported a list of government ministers and high authorities who were accused of being homosexuals as a precondition for their appointment to the respective high offices. Ebale Anguolou even claims that the current head of state had power handed to him under such conditions (Angoulou, 2009).

Cameroonians believe that men who have sex with men do so in order to obtain magical powers, as part of a cult prerequisite. For this reason, besides the prospect of legal proceedings and imprisonment when found guilty of any homosexual act, it is considered an abomination to have anyone living in the community who is a homosexual. The practice is absent in the rural areas and very rare among the ordinary urban population where it is frowned upon with the same vehemence. Transmitting HIV/AIDS through homosexuality is therefore ignorable in Cameroonian society.

Heterosexual sex, then, is the major way through which the current levels of infection in the country have been attained, and remains the most important for any future trends. In addition to sexual tendencies that are practised elsewhere in the world such as having a boyfriend/girlfriend and husband or wife who have unprotected sex, there are a number of factors that make the transmission of HIV and other sexually transmissible diseases (STD) in Cameroon easier. Among these are promiscuity, religious window, and indigenous traditions.

Indigenous traditions and customs handed down have always made it possible for most of the people of the southern parts of the country to have more than one wife. Though the population of women is slightly higher than that of men, the original inclinations were not towards ensuring that every woman had a man, but rather that the man had many children by these women and together between the mothers and children a lot of farm work will be carried out to provide food security in the family. Also, any man who had a wife and could not get a child by her had the right and blessings of the whole community to take another who should give him children because marriage in

the Cameroonian context is primarily for the purpose of having children. In the recent past, his first wife would in some cases even encourage him to do so and go as far as selecting a suitable co-wife. A man could have any number of women as he feels fit to cater for. When marrying at the registry, the couple is asked what marital regime (monogamy or polygamy) they preferred. Should they opt for polygamy, the man is legally able to take any other woman/women up to the registry whenever he chooses, and be married to them all polygamously. Though many in the southern parts go to church, some prefer to give up any leadership role therein so as to marry more than one woman, as the church strips any polygamist of such roles.

In the northern regions of the country where there is a very large Muslim religious followership, the faith gives men the right to marry up to four women, as long as they are satisfied they will show them all the same love without bias or favouritism. Many are the Muslim men, however highly educated, who still benefit from this religious window to satisfy their desire for more than one woman. In both this and the aforementioned case, the men's sexual appetites are large and the habit of always having a different woman in bed makes it easier for them to want to have one when they are away to other parts of the country for work or other business. The average Cameroonian married man may have a 'deuxieme bureau' (a concubine) secretly hidden in another part of town or another town altogether when they are married to one or more wives. Sometimes the wife is aware of the existence of such a person without that disrupting the marriage or family harmony.

Just as for marriage with adults, so too teenagers and higher education students have several sexual partners. An undergraduate can have a girlfriend at the university and another in his town or village of origin. A lot of casual sex goes on among the youth, but perhaps the most important is the involvement of many young women in prostitution especially in the towns and cities. The employment figures for Cameroon both by the state and the private sector show that only a handful of jobs are available for the ever growing population of young and old seeking jobs.

The economic crisis, corruption, dire poverty as more than half the population of the country is currently living below the poverty line, have facilitated the heavy rural exodus that ends up leaving the young women with no jobs, only the option of prostitution. It is a choice necessitated by the fact that there are no social services providing housing, unemployment benefits, or subsidized medical care. Hence, for fear of going back to the village empty handed or even worse than they left it, the young women gradually gain courage as they begin their new trade in prostitution.

The implications of all the above with regards to HIV/AIDS and all other STDs means that Cameroon is a fertile ground on which the pandemic is fully settled and set to exterminate the population, if all resources are not pooled to effect behaviour change and take care of the infected and affected.

State of Research

According to Steven Spear, "Medical miracles - improvements in fertility treatment, cancer cures, cardiac care, and AIDS management among them - are becoming so commonplace that we take them for granted." (Spear, 2005) The case in Cameroon is one where if foreign organizations and hard working individuals do not defy the odds and try to get some things done on their own, no concrete attempts are made at engaging problem solving research.

VANGULABS

The most consistent work in the line of combating HIV/AIDS in Cameroon can be attributed to the research efforts of Professor Victor Anomah Ngu, a medical giant and former minister of public health in Cameroon. Now an octogenarian (83) but still very active with research and the treatment of patients suffering from cancer, sickle cell anaemia and tropical viral diseases, especially HIV/AIDS, at his Victor Anomah Ngu Laboratories (VANGULABS) lodged within his 'Hope Clinic' premises. Professor Ngu founded Hope Clinic Cameroon in 1989.

Professor Ngu's research into both cancer and HIV/AIDS led him to develop VANHIVAX, which for HIV is:

“...a vaccine prepared from the viruses contained in the blood of a person infected with the HIV and then re-administered to the patient concerned as a therapeutic auto-vaccine... A *prototype* of the vaccine was intended for use as a *preventive* vaccine against the HIV.” (Ngu & Ambe, 2001 p. 4)

According to him, this procedure comes from understanding what HIV, like cancer, is:

“...because the envelope of the HIV is taken from the cell membrane of CD4+ lymphocytes, the HIV is ‘*perceived*’ by the body’s immune system as partly-self. An effective immune response of the body against the HIV and its envelope would destroy all the CD4+ lymphocytes as well, leading to a fatal auto-immune disease. To avoid this outcome, the immune responses are obliged to be *ineffective*. The *ideal* immune response to the HIV would have been one that is limited to the viral core *only* and does not affect the viral envelope and CD4+. VANHIVAX meets this ideal. It is prepared by the removal of the viral envelope from the HIV *in vitro* and used as a vaccine, it provokes in the body *effective* immune responses directed *only* against the core of the HIV! This effective immune response of VANHIVAX in the body is used in various ways as a *therapeutic vaccine* to treat HIV infected persons whose immune systems are still competent. For normal persons *uninfected* with the HIV, a prototype of VANHIVAX can also serve as a *preventive vaccine*.” (Ngu & Ambe, 2002 p. 9)

Without the official recognition and recommendation of his treatment by the country’s government or the international scientific community’s procedures with regards to vaccine trial phases and recommendations, the therapy has been in use on thousands of Cameroonians and other nationals suffering from HIV and in desperate need of something to give them hope. In all Professor Ngu boasts of eighteen (18) patients who have been cured of HIV, converting from sero-positive to sero-negative through the help of his VANHIVAX therapeutic vaccination programme but claims at the same time that there are definitely by far more than these numbers except that most former patients decide not to relate themselves with his centre or HIV/AIDS after their successful course of curative treatment due to the very high nature of stigma in Cameroonian society when associated with any aspect of the infection. The number may appear too few to consider in terms of the actual population that flock to Hope Clinic daily in its twenty years of HIV/AIDS treatment, nevertheless the reasons raised and the fact that no other research

programme the world over has yet produced even that number of seroconversions makes it remarkable.

Great questions still persist, however, as to why his procedure remains to be fully recognized and approved by the Cameroonian government which could then inject a lot of capital into the research and get its medical practitioners to take refresher courses so as to learn the methods and roll out a more robust approach towards fighting the pandemic in all the districts of the country. With such an approach, it is also easy for the government to establish the effectiveness of his treatment option which, if found wanting or inappropriate, should then be completely forced to shut down so as not to further endanger the lives of citizens flocking to the clinic as a last and only hope to their ailment. However, knowing the type of government that the country is burdened with, this option is quickly not considered as it is just impracticable.

Meanwhile, international research and pharmaceutical institutions which are expected to see through the validity of Professor Ngu's method and contribution to biomedical scholarship seem to have abandoned the research to itself.

HIV/AIDS Education platform

Governmental structures

Education on HIV/AIDS can be said to be ongoing at various levels, at the moment, covering the formal, non-formal and informal educational sectors with the involvement of different sectors of society.

Chantal Biya Foundation

After the death under very mysterious circumstances, of the president's first wife, Jeanne Irene Biya, the widower took another, Chantal Biya. Much younger and more beautiful than her predecessor, there was still mixed feelings within Cameroonian society with the ruler and his new partner. Some of these derived from the educational and social background of the woman which many found incomparable to that of the previous and the warmth she

eradiated wherever she went in the country. Avenues had to be sought and developed quickly to make the new first lady more acceptable to the public and erase the fond memories of the former, who was a nurse in her own right and had a hospital ward at the hospital where she had previously worked named after her through the concern she had for children whom she visited especially at Christmas and other celebratory periods with gifts.

The battle for recognition then saw the development of projects such as 'The school of champions' which were patronized by the new first lady, among which was the creation of the Chantal Biya Foundation. Like with all governmental structures, the foundation is centralized in the capital city, Yaounde, with no regional, divisional or district centres, so all infected women and children from far-flung areas plagued with the lack of roads still have to brave it to Yaounde, no matter their level of illness. The resounding result therefore is that the centre only truly caters for the urban elite women and their kids, especially those inhabiting the political capital and its environs; meanwhile the rural masses who are deprived in all other aspects of socio-political life and infrastructural network, still remain abandoned by this lofty life-saving project that should have them at the centre of concern. The only choice they are left with as they don't have the resources to make the long, expensive and tedious journeys to worship the capital city and its institutions, is that of staying quietly at home and waiting for death which effectively does claim them in the alarming numbers that make up AIDS death statistics year after year.

International organizations

PCV and the TEPA Project

The American Peace Corps services in Cameroon were among the early participants in this educational endeavour, preparing especially English Language teaching manuals that incorporated HIV/AIDS educational information. These materials were distributed around schools especially in the urban areas where some were effectively put to use, but most initially abandoned on the departmental shelves as the teachers relied largely on

preparing and teaching lessons based only on the official textbooks on the national curriculum.

The taboo and stigma surrounding HIV/AIDS at the initial stage and even now in many parts of the country did not favour the pick-up of the academic staff on this educational initiative, as the policy on sex education and taboos are variable from school to school and location to location with all the religious and other ramifications that influence.

Later, the American Peace Corp Volunteer services would elicit the help of the Cameroon English Language Teachers Association (CAMELTA) in exploiting the lessons in the Teach English Prevent AIDS (TEPA) manuals. Debate on these, sample lessons, workshops and seminars under the auspices of CAMELTA meant that many more teachers were more confident in exploiting the materials once in a while to delve into some sex education with particular emphasis on HIV/AIDS issues while normally executing an English Language lesson load complete with clear objectives.

This experience differed from teacher to teacher just as methodology is different with different teachers, and was limited to the urban areas of Douala and Yaounde where most of these teachers that make up the association are drawn from. Other places like Bamenda, Bafoussam, Limbe, Buea, and a few more had very few language teachers attending CAMELTA sessions and therefore equally had very little or no influence trickling down from the TEPA initiative. The largely inaccessible rural areas were completely left out of these experiences as the degree of inaccessibility and lack of access to information meant that some of the teachers from such areas only knew of any such workshops and seminars long after they were held and even forgotten.

The enthusiasm with which even these initiatives were picked up by those who benefited from the Peace Corps Volunteer, British Council and CAMELTA efforts was quite mediated and felt only immediately following a workshop or seminar. As time went by, even these staff abandoned the manuals in preference to sticking to the national curriculum, preparing their students for end of term/year exams as well as the official GCE 'O' and 'A' level examinations for the fifth form and upper sixth students. The competition for good overall school performance results at these school and national

examinations drew more attention and emphasis over consciously and continuously engaging learning material that will mean saving the lives of present and future generations of Cameroonians and all other nationals who have decided to make the country a home.

Gradually, then, the manuals make a final resting place on the book shelves and are pulled out for lessons when the International HIV/AIDS Day is around, or during the Youth Week (week preceding and inclusive of 11th February every year which is celebrated as National Youth Day). During such moments, Drama, Environmental, and other such Clubs devise sketches around health and environmental themes, which require help from the teachers with more accurate information on the different aspects of problems and solutions surrounding immediate and global problems. The manuals, erstwhile forgotten on book shelves, resurface to provide the necessary information that is needed to inform, educate, and entertain the largely student and staff population and the handful of parents that volunteer to attend.

CHAPTER THREE

Early TfD practice in Cameroon

Like most other African countries south of the Sahara, Cameroon has a vibrant traditional cultural heritage which manifests all the aspects of traditional African dramatic forms, including music, song, dance, masquerade, lyrical panegyrics, proverbs, and wise cracks. These are further enriched by the fact that there are two hundred and eighty-six (286) languages (Grimes, 2002), and hence cultures, to tap resources from or make a TfD practice in any location an original and unique experience. In spite of this huge arsenal of feeds for theatre, it is regrettable however, that theatre did not have an early start in any part of the country.

TfD is even worse placed as the earliest documented attempt at this very important theatre form only started in 1984 through a UNICEF – sponsored initiative that brought together theatre practitioners and facilitators from several other countries and two from Cameroon in order to kick-start the form. Among the Cameroonian participants at the workshop were Hansel Ndumbe Eyoh and Bole Butake, both of whom would benefit from this exposure to be more involved with producing theatre for Cameroonians from the University of Yaounde where they both lectured; and thereby become the most remarkable names in terms of theatre rebirth especially of the Anglophone expression, after it had long been silent with the inactivity of Victor Elame Musinga who is considered the pioneer in general Anglophone theatre efforts.

Theatre for Integrated Rural Development (Th.I.R.D)

The location of the project was in the vicinity of Kumba in the then South West Province (today South West Region) of Cameroon. The main villages involved were Kake, Kurume, Konye, Ndoi, Ngolo-bolo which had been having a lot of inter-village problems. Participants for the TfD project came from Cameroon, Sweden, Nigeria, Zimbabwe, Mauritius, Ghana, Ivory Coast, Ethiopia, Tanzania, Zaire (presently Democratic Republic of Congo). The villagers in these communities were part of the project from the start. They were

encouraged to discuss their problems and improvise plays that exposed these problems, with a view to finding solutions to the problems.

Sponsorship for the project came from UNESCO, OXFAM (Quebec), IDRC, Swedish International Development Agency (SIDA), Union of African Performing Artists, DSE, IATA, ITI, among others. This sponsorship came in the form of cash, personnel, flight tickets, local assistance with venue and liaison personnel at international or local levels. The geographical diversity of the institutions from which the experts came was a big boost to the campaign for funding as this was like a follow-up to the Murewa project held in Zimbabwe, where the Kumba project was decided and agreed upon so as to carry out another experiment in Theatre for Development, this time in the Central African Region.

Methodology

From its base at the Community Development Training School, Kumba, which the Cameroon Ministry of Agriculture agreed to authorize to accommodate the project, the facilitators were finally split into three groups which operated in three sub locations of Konye, Kake and Kurume. The procedure was one where the facilitators:

“...went into the villages, met the villagers, and joined them in the daily chores. They shared meals with them, partook of the communal bottle of palm-wine, and danced together into the early hours of the morning. The participants got to know and understand the milieu in which they worked and the villagers came to appreciate the fact that these people were actually interested in them. There were no false hopes raised, no vague threats, no subtle coercion. It was a period of give-and-take – people sharing their experiences and striving to seek communal answers to common problems.” (Eyoh, 1986 p. 6)

The process used, which Eyoh acknowledges was based on a model proposed by Ross Kidd et al, was to ensure that the facilitators and the local inhabitants of the different villages collected data related to their problems and source of inter-village disputes, analysed these, improvised a performance around the same, and performed in the communities. Then, there would be a

discussion following the performance and follow-up and evaluation. The project had the benefit of experts pooled from several specialized theatre institutions of the world and had all the ingredients for success.

In all there were twenty-five students of the community Development Training School in Kumba who took part in this project, comprising seventeen women and eight men. They were trained in information gathering which was used for analyses of the problems of the community that formed the bases of the improvisations they and the villagers acted out, discussed, and evaluated at the end of the workshop as one of the methods which they could in turn use in their community development roles in the different localities they would return to after leaving the Community Development Specialization Training School.

Content

The messages that made up the Th.I.R.D project in the three localities of the Kumba area were all centered around environmental and infrastructural development of the people, especially in the lack of the basic amenities that they need for the smooth running of their daily lives. These consisted of pipe borne potable water, for some, electricity, road network for communication and marketing of their products for others.

Split into three groups to fully cover the area for the project, the three groups differed slightly in the final realization of the improvisations that led to the discussions at the end. In Kake there were a number of improvisations to show the major problems decided to be tackled by the group in charge of the area. These focused on the lack of pipe borne potable water, lack of primary health care facilities in the village, and a problem between the Parent-Teachers Association (PTA) and the village primary school Headmaster which resulted in the malfunctioning of the school.

The Kurume group wasn't received by the local indigenes as enthusiastically as was the case with Kake and Konye since the villagers were apprehensive about the coming of outsiders to their community to pry into their affairs. They

considered themselves a village with no problems that needed any analysis by any outsider, given that they already had potable pipe borne water and a thriving primary school which made them proud of their achievements and confident that they didn't need any lecturing on how their community could function better. However, contact sessions largely with women and kids deciphered some of their problems as drunkenness, rural exodus, theft, a lot of taboos in their culture that led to unfair treatment of the youth and women, a massive adult illiteracy rate, among others. These were incorporated in the skits that the group carried out, some on farms where the women and young were working and later in the evenings at communal grounds, interspersed with dancing and singing. Eventually the last night's performance raised these issues after which a warm discussion followed and the many who attended regretted that they were unreceptive initially, apologized on behalf of their community and invited the workshop participants to come again.

The most remarkable content was perhaps the improvisation carried out by the Konye group which was headed by Penina Mlama, as a result of which the title of Eyoh's post-project publication is coined. In the author's own words:

"The story opens with a dirge. The father of three sons is dead and there is a funeral celebration in his honour. He has left behind a lot of property which in his will he instructs to be shared amongst his three sons. The youngest receives a piece of farmland beside a river. The river floods and destroys his crops. He goes to consult an agricultural engineer who recommends that he constructs a break-water or embankment. He gathers his resources and purchases material for the job, but his elder brothers will not allow the vehicle bringing this to pass through their farms, and this results in a big quarrel and fight. The younger brother, in his frustration, takes the matter before the village council where he hopes to seek redress.

It was decided that at this point of the performance, the audience would become the members of the village council." (Eyoh, 1986 p.152)

The discussions that followed led to the villagers commenting on the problem and discovering that it was actually a play on their existing community quarrel over where to locate a bridge to replace the hammock they were then using to cross the River Mungo and access their farmlands on the other bank of the

river. Rivalries had erupted as to where the actual bridge had to be located in the three village communities of Ndoi, Ngolo-Bolo and Konye, with each vowing not to contribute towards the construction of the bridge if it was not going to be located across their strip of the river. While none of the three was capable of single-handedly carrying out such a construction project, all three suffered the inaccessibility to the fertile farmlands across the bank of the Mungo river. This caused a number of deaths from drowning as people, especially children, struggled to commute to and from the farmlands during flood periods; being that the hammock which they all jointly repaired from time to time was neither very safe, nor a permanent solution to their predicament.

In the end, their minds being thus enlightened by a play on their circumstances, they were moved to form a planning committee for the construction of a bridge, seizing advantage of the presence of the theatre practitioners in their community. This resulted in the decision to locate the bridge in the centrally located Ngolo-Bolo for the construction that would benefit the whole community.

Outcomes

With the range and expertise of the facilitators and the rallying of all the various participants at the different levels, expectedly, the two weeks spent yielded good results for the local communities involved in various ways, besides being entertaining. It was very enriching to have people of different backgrounds and cultures all gathered around one community for the same purpose and this was a great moral, psychological, and physical boost to the communities, in addition to the benefits to their local economy for the duration. These and other benefits are carefully presented in Eyoh's publication which contains a collation of the reports from all three group rapporteurs for the project, the feedback from the students of the Community Development Specialization Training School in Kumba, as well as other dignitaries and some of the sponsors.

All these notwithstanding, ten years after this TfD intervention, Eyoh visited the local area to see for himself what had become of their efforts, and made a very revealing finding:

“If those bridges constructed by the State, with all its wealth, cannot be completed for lack of funds, the villagers of Konye have long since forgotten their dreams and determination to change their hammock to a bridge and the hammock simply lingers on...

Ten years later, there was no bridge. Rather, the canes that were used to construct the hammock gaped at me, not in their exquisite weaves and webs, but in a cacophony of cut-edges...

To many, this was a long time ago. It was a one-off experience which had died with our departure. We had definitely not been able to leave behind structures that could sustain the theatre work.” (Eyoh, 2002 p.12, 19)

Perhaps the most remarkable achievement of this project, however, could be said to be the fact that the love for and practice of theatre was ignited in the local university lecturers. In the next few years Bole Butake and Hansel Ndumbe Eyoh started writing and producing plays, besides teaching theatre at the then University of Yaounde. They formed the true background to the vast majority of trained theatre arts practitioners in the country, some of who later, and at this moment are involved in different areas of theatre practice and especially in the fight against HIV/AIDS which this work is focused on.

North West Region

Diverse village group meetings in the urban areas especially of Yaounde and Douala comprising people who have access to radio, television, and newspapers as well as other NGOs and diplomatic missions propagating the HIV/AIDS message are among the efforts made to carry some of this information back to their remote villages to educate their rural masses. This happens largely when they go home for Christmas celebrations or take a corpse for burial, as much as during other similar Youth Week and AIDS advocacy days.

The quasi-theatrical performances or singing and discussion sessions are usually sporadic, short lived, and very far between with seemingly only a

passing impression tickling the population , ready to fade out with the return of these urban visitors to their area of work and residence. Very little is impacted on the people on such occasions as people are preoccupied with differing emotions and concentration on what is the major issue of the day.

Bole Butake, Emelda Ngufor Samba, Cynthia Henderson, and a few others may be said to be the players worthy of mention as concerns concerted efforts at planning and executing the sort of projects that may meaningfully impact the people on the scene in parts of the vast North West Region. The projects are discussed in further detail under the following section covering TfD practice against HIV/AIDS in Cameroon.

Bole Butake

From being the most influential in Anglophone Cameroonian theatre both in terms of number of scripts written, their profundity, and works directed on stage, Butake could easily be said to be the most successful with breadth of TfD practice as well. The playwright cum director and facilitator describes his transition through the forms as erupting first of all from being approached by HELVETAS Cameroon, the Swiss Association for international co-operation, to run a workshop for the Women's Information and Co-ordination Office in Bamenda, in the North West region. The invitation was for him to dwell on the theme of women's rights, with particular reference to property and succession rights, widowhood, early pregnancies and marriages.

The participatory theatre technique he used saw the women gathered to create a story from a discussion of their problems. Then they cast for roles in the play, rehearsed, and performed the play in front of an audience of about two thousand, all work done within three days inclusive of the performance. His participatory audience, made up of women, were as elated as he was and with this initial effort, the professor set out to do more. The resounding success meant that other non-governmental organizations sought him to carry out similar projects on themes of interest to them, and on several occasions he also wrote out proposals for funding from some NGOs and other

organisations on themes which he deemed were suitable for their projects and interests in Cameroonian society.

Though some of his proposals were rejected, Butake gained a steady recognition and benefitted from sponsorship for projects to the extent that he ran approximately two workshops a year in addition to his main job as professor at the university. Hence, unlike other eager young practitioners or groups who have difficulty with activity due to lack of sponsorship, he has been able to carry out a good number of workshop performances over the years. He sums up his work in this area thus:

“the organisation of numerous theatre workshops in urban slums and villages on such diverse issues as women’s and children’s rights (including property ownership, widowhood, female genital mutilation, early marriages and pregnancies, etc.), human rights and democracy, minority rights, corruption in public life, environmental sustainability, good governance, conflict resolution, HIV/AIDS, etc.” (Butake, 2005)

Most of his TfD workshops were held in the North West region and his Noni village community as well, even though he also carried out the same for other regions of the country, especially in collaboration with Gilbert Doho for the French speaking regions of the north which present problems peculiar to them as a result of geographical location and religious inclinations.

As varied as the themes and places he visited for workshops were, the idea came to Butake to evolve from his ‘people theatre’ into a ‘people cinema’, whereby similar TfD workshop procedures were followed during sessions in different places, but the resulting performance was shot on location, to be aired on the national television so that more people, especially in the urban areas benefited as well, while urban migrants and returnees benefited from the example of something which they could carry back to their communities. The idea met with as much success and approval as his people theatre, and Butake and his collaborators set to work. Some of the most notable titles of the performances created through this TfD medium include *L’Excuseuse de Pouss*, *Alien in My Land*, *Kam no Go*, *L’instituteur d’Eyala*, *Mantrobo*, *Nyang*, *Gomen na We*, *Hard Road to School*, *Death for All in the New Millenium*, etc.

which range from short performances and documentaries to full length feature films. These were finally packed as video cassettes or VCDs for sale to the public.

One of the reasons for this switch to the screen is also evidently because Butake asserts, that he had:

“discovered over the years that although Cameroonians do not like to read (they would rather drink and eat and, of course, watch football) they can be coaxed into watching plays on stage and they just love television which only came to Cameroon in 1985. But, even here our television screens are full of foreign programmes and, where there are local productions, author’s rights are hardly ever paid to those involved in the production process because of the chronic mismanagement of the copyright corporations.” (Butake, 2005)

In conclusion, it is clear that Butake’s TfD work though rich, varied, and appreciated a lot by his audiences, has not been focused on one particular area of problem in the Cameroonian societies he describes and worked with, but rather on just any theme as long as it has the necessary funding to see the project through. From the dwindling audiences of mainstream theatre, through people theatre to people cinema, Butake has thus been able to maintain activity on the TfD front while earning an income from the projects he carries out. He confirms this by declaring:

“The satisfaction I have is that of being able to reach several thousand television viewers and perhaps to affect their lives positively by giving them voice on issues that concern them directly. At the same time I can live a little more comfortably with the extra income from the projects without having to sell my conscience”. (Butake, 2005)

Rather than lick the boots of an absolute dictatorial regime or seek the path of exile as many other compatriots have done, he decided to stay and move from mainstream confrontational theatre towards the ruling junta, into empowering the grassroots of Cameroon through facilitating the education of the people about their rights, responsibilities, problems and possible solutions.

The Northern Regions

Theatre for Development work in the northern regions can mainly be ascribed to the performances organized by Gilbert Doho and Bole Butake in parts of the northern regions. The experiences which, added to others, culminated in the later publication of *People theatre and grassroots development* by Gilbert Doho, saw them move to Kasco, Pitoa, Garoua, and Gashiga (Doho, 2005). The play that was created by the workshop was titled *Marriage Force* and this tour lasted between 26th August and 1st September 1998 with the performances estimated to have attracted about 6,500 people in total. Asheri Kilo documents Bole Butake and Gilbert Doho acknowledging that:

“The raison d’etre of our project was the concern of the American Government through the Democracy and Human Rights Fund of the US Embassy in Yaoundé to build up a culture of democracy and respect of human rights in Africa in general and Cameroon in particular, especially since 1990, when multi-party politics were reintroduced on the Cameroonian political landscape, with a lot of hesitation as witnessed by the conduct of elections which tended to be characterised by undemocratic practices and the gross violation of human rights”.
(Kilo, 2003 p. 188)

Besides this workshop, this research has not located any other documentation of TfD practice in the northern regions of the country.

CHAPTER FOUR

TfD Practice against HIV/AIDS in Cameroon

The practice of TfD specifically against HIV/AIDS has been rather sporadic by all the groups involved with presentations, with none set to, or carrying out consistently regular shows in the manner of Soul City in South Africa or the Kamiriithu Community Educational and Cultural Centre (KCEC) theatre run in the early 1970s by Ngugi Wa Thiong'o and Ngugi Wa Mirii in Kenya. Groups come up, do a performance, and fade into the background, as sponsorship for such is usually a great problem. Local NGOs and many of the groups remember sometimes that they could do a show only when the International HIV/AIDS day approaches on 1st December. While some manage to go ahead and do a performance, most remember too late or lack the resources to immediately put together and do a performance. At the worst, some groups hastily recall former cast members and repeat the previous year's performance, with the same themes, to largely almost the same audience, leaving very little impact on them.

Whether on the occasion of the annual event or sometimes during the National Youth Week (week preceding the 11th February celebrated as National Youth Day), the most organized and meaningful theatre practice (TfD or other) have been those resulting from sponsorship by international charitable organizations and diplomatic missions such as the contributions to this effort mainly by the British Council, the Goethe Institute, and the French Cultural Centre. Other sponsors in this area of practice include the regional or country offices of UNICEF, UNAIDS, Save the Child, WHO, the American Peace Corps Volunteers among others. Only a selection of some of these will be dealt with in this section, due to the nature of sustainability of the projects and lack of resources which undermined the proper documentation in terms of scripts, video or other electronic means of storage so as to allow access for future reference or research.

Agitation Propaganda Plays

The Fight is On

This one act play written and directed by Patricia Nkweteyim, August 1996, tells the story of how children often, due to HIV/AIDS, become social misfits and delinquents, who not only are a nuisance to society, but lack the help that they need.

It opens with a mother and child having a little conversation and then the dad enters who has just been to the hospital and has been diagnosed HIV positive.

He breaks this sad news to his wife, who blames it on his unfaithfulness to her with other women in town.

Their quarrel degenerates and draws the attention of their six children, born out of only eight years of marriage. These inquisitive children probe their dad until he is able to explain to them what AIDS is and proceeds with showing them how they can prevent infection, which, unfortunately, is too late for him and their mother, who have already contracted the disease.

The dad proceeds to advise them about complete abstinence and care that has to be taken with syringes, razor blades, toothbrushes and any such items through which they can share bodily fluids and contract the virus and disease from an infected person.

Eventually the father and mother die and leave the six children on their own. Since the father and mother had neglected taking these children to visit their uncles and aunts back in the villages and elsewhere in Cameroon, these relatives refuse to offer a shelter to these orphaned children. As a result, the first child drops out from school and starts caring for the younger ones.

On their own, they are unable to fend for themselves and so they start resorting to unorthodox means of availing themselves of their daily necessities, especially that of food. It is in one of these attempts to do something so that they can fight off the hunger that the fourth child resorts to

stealing with the complicity of the fifth child and gets caught whilst snatching a woman's handbag.

Jungle justice, as it is known in other places, is immediately summoned and the crowd that gathers starts beating this little child.

The fifth child runs back home to inform the other children and because the fourth, who has been caught is only a little child, debates ensue within the crowd and they resolve to take the child to a police station.

The Police Superintendent, who attends to them at the station, asks them what they would want to be done, being that this is only a child.

There are different calls from the crowd, some for the child to be imprisoned, others for the child to be roasted alive, beaten to death, in fact, for jungle justice to be administered so that the child does not grow to be a murderer or an armed robber, doing worse things in the future.

The Police Superintendent and a few other members of the crowd, however, end up convincing the larger crowd that the child needs to be taken to a reformatory centre.

This comes as a result of the fact that the Superintendent calls to see the parents of the children, but instead the other children, who have followed the crowd to the Police Station, declare openly that they are orphans and that both their parents had died of AIDS. With this information, the Police Superintendent decides that as a minor, the child cannot be prosecuted or even imprisoned, but rather would be sent to a reformatory centre, where he will have to be rehabilitated.

Someone from the crowd suggests that they send, not only this child, but the rest of his siblings also, to the Forum for the Education of the People, known as FOREP, with its base in Buea, capital of the South West Region of Cameroon.

The Superintendent agrees to that, gives the children some money to buy a bit of food, while he finds out more about FOREP and, eventually, sends all the children there, where they undergo a six month rehabilitation programme.

At the FOREP base in Buea, they are taught about the environment and taught about recycling waste products, so as to make more useful products

out of these. They learn new skills and how to make flower boards, vases, home decorations and other helpful little tools at home; also, how to live clean and healthy lives.

With their new self reliant skills, they are re-integrated into society and they call one and all to support them in the fight against the deadly disease, AIDS, so that the world will be healed of sufferings and frustrations by children like them.

Clearly, this play was commissioned by the Forum for the Education of the People, FOREP, to serve both as a propaganda tool for the association's marketing purposes, as well as carrying out one of their goals, namely, that of informing and educating society about the environment and various societal ills such as HIV/AIDS. Nkweteyim's play, therefore, whilst addressing pertinent issues critical to Cameroonian society, exploits these very issues as a tool to promote an association or local NGO, so that the people would know what its goals, aims and objectives are.

The play was thus entirely conceived, written and directed by Nkweteyim, after being commissioned by FOREP. It is wholly a reflection of her ideas and those of FOREP, without the participatory action of members of the audience, wherever they are presented in the South West province. It does not, like Forum Theatre, give room for spect-actors to question either the oppressor or the oppressed points of view and actions and alter them in any way; rather it presents situations or problems and offers solutions to them in a manner that is, strictly speaking, resonant of the "he who pays the piper dictates the tune" adage.

Evidently, the same script and play would be performed in different parts of the South West region, so as to advertise this new local NGO, FOREP, to the different people who live in all these parts. It is not, however, a play of the people in which they are involved actively in conception and performance and share ownership as well as the solutions that they together seek in order to have a better society.

Coming very early in 1996, however, it must be encouraged as one of the earliest plays focused on the HIV/AIDS issue and the author and director could be forgiven for transferring the long tradition of formal, scripted plays conceived for the people in university campuses and carried along to be performed wherever the people who commissioned those performances intend them to be played.

It, therefore, attracted a lot of attentive audiences, as one of the first plays highlighting HIV/AIDS.

AIDS, the Dancing Masquerade

Ngufor Samba's play presents an ordinary Cameroonian housewife's extraordinary reaction to the multi-faceted complications that enter her household and life with the coming of an HIV/AIDS infection into the family.

Her husband Michael Ewale, who is a company employee and leader of the company's HIV/AIDS Unit, is taken seriously ill. Unknown to his wife, he takes the HIV/AIDS test and the result comes back positive. From his experience as Head of the HIV/AIDS Unit, he had witnessed how people both in his company and in society as a whole reacted towards other HIV/AIDS sufferers. Dumbfounded and unable to escape the impending stigma and isolation that he will be faced with, both from his company colleagues and society as a whole, he decides to hide this information from his wife.

As his health deteriorates, Mr Ewale decides to move from conventional western medicine to traditional herbal doctors, with his wife bearing the suffering of accompanying him from place to place and staying under very challenging conditions, like sleeping on the floor just to see if he will find a solution with any of the traditional herbal doctors. Every passing day, his condition worsens and the only explanation that he and his family can give is that there is witchcraft haunting him and the solution to his problem can only be one provided by the traditional practitioners.

Therese, his wife, makes many futile attempts to convince him to get to the hospital and undergo a proper diagnosis and treatment, since she knows that someone as educated as him should know that there is more reason in undergoing treatment at a medical centre, than at traditional herbal doctors' practices.

As is the custom with the average member of Cameroonian society, even Mr Ewale's sister, Beatrice, a state secondary school teacher, and the rest of the family, join in pointing an accusing finger at Therese for being a witch who wants to kill the wealthy Mr Ewale, so she can inherit all his property and belongings.

Mrs Ewale tries to persuade her sister-in-law, Beatrice, and through her the rest of their family, that she is not a witch; that contrary to their thinking, she is doing everything to ensure that her husband gets medical attention, but he is the only one who has declined any such move.

When things come to a head, the company boss, Mr Ekinde, as well as other colleagues, decide that they must take their colleague, Mr Ewale, to a hospital for proper medical attention. Unfortunately, however, this comes a little too late as Mr Ewale dies in the custody of the traditional herbal practitioners and Beatrice storms his home, where she attacks his wife, Therese, asking her to pack and leave her brother's house immediately.

The Elders in the village gather and immediately after the burial of Michael Ewale, summon his wife whom they instruct directly that because of the circumstances surrounding her husband's death, they find her presence in his home and their family unbearable and so she must pack her things and leave at once. One of the Elders says to her directly:

"My daughter, we all know the circumstances under which our son died. We have consulted the spirits of our ancestors and have been told that you are the cause of our son's death. My brothers and I have been to see four medicine men and we have received the same answer. Under such circumstances, there is no way you can continue living under this roof. The burial takes place tomorrow and immediately after that, you will leave. You may now go". (Samba, 2003 p. 3)

Faced with these extraordinary circumstances, Therese decides to defy the traditional respect for, and silence in, the presence of Elders. She speaks out, lashing at them for accusing her to be the cause of her husband's death. She makes them know that she is alone and helpless in their presence, but that she must be heard, at least for the last time before she leaves.

With the support of her Women's Group, Unity Sisters and her sister, Enanga, who is a nurse, they decide to go through Mr Ewale's belongings and prepare a case for Therese before she leaves.

As they run through his documents, Enanga discovers, hidden in his files, the medical report which showed that Mr Ewale tested positive before he abandoned the hospital and turned to traditional herbal treatments. Faced with the dilemma of delivering such shocking news to her whilst she was mourning, the Unity Sisters, nevertheless, decide to break the information to her and to give her all the support necessary that she needs to carry on.

With this support, Therese Ewale grows stronger and fights HIV/AIDS and the attendant stigma in a more committed way than the community has ever known. She decides to go immediately after the burial and funeral period, for her own test, which comes back positive and then she gets placed on medical treatment.

She carries herself with extraordinary self-confidence and directly addresses the audience at the end of the play; by implication, addressing the Cameroonian nation with the words:

"Stop !!! I say stop! My husband worked in this company. He died last year of AIDS. It is no secret and I do not intend to keep it one. He was in charge of the Anti-AIDS Unit in this company, yet he was the first to die of AIDS. Is it not ironical? And today you all sit here and listen to messages of prevention? Murderers!!! My husband did not die because he had AIDS; he died because you killed him. Yes, you and you killed my husband". (Samba, 2003, p. 7)

The crowd asks how they killed him and Therese replies:

“How, how. Interesting question. Why did my husband not go to hospital for treatment? Because he was afraid of rumours from you. He was afraid of what you and you will say. He saw how you treated Pauline, who had AIDS. You all shunned her. You treated her like shit. You looked at her from the side of your eyes and you gossiped. You stopped inviting her out for lunch. She was stronger than my husband. She took it for a year, but when she could stand it no more, she took away her life. My husband, poor thing, he was too weak for you and he let you kill him within four months. I will not give you a chance to kill me. I will tell it all over the mountain so you will have no one to gossip to. I, Therese Ewale, have been tested HIV positive”. (Samba, 2003, p. 7)

Therese then invites members of the audience to come on stage and join her in the fight against HIV/AIDS. She calls everyone to come and support one another, both on stage and in Cameroonian life as a whole, so that they can reason together and fight HIV/AIDS, which has been claiming a lot of victims. According to her, if love is shown to HIV/AIDS victims, they will lead a better, longer life, instead of running away from stigma and all medical attention with the consequence of finding their death at the earliest opportunity.

By writing this in Bayreuth, Germany in February 2003, Samba was fulfilling a desire to be productive to the development of the theatre of her country locally and internationally. It cannot be argued that the issues raised in the play are irrelevant to the prevailing situation as known and lived in Cameroon. In spite of this, it must be said that from the stand point of participation, the Cameroonian audience made no direct input into the creation of the play and cannot share the ownership with her. Consequently, like *The Boomerang* and other performances and projects seen earlier, the audience watching this play keeps the same distance from it, whether local or international.

The Fobang Foundation

Fobang Foundation states as its objective no. 6 that it is set up:

“ To have the ability to stage regular drama performances (Stage, TV and Open Air) on health topics and particularly the HIV/AIDS epidemic. Give regular performances.” (Fobang Foundation, 2005)

In all of 2005, the FF managed to put up two performances, *The Boomerang*, and *WABU*. The former which deals with HIV/AIDS was performed during Youth Week at the Congress Hall in Bamenda, North West Region, with about a thousand youths and about 70 government officials in attendance.

Though it was very highly appreciated by the audience and the population of the region who got word of the performance, only one performance was offered and, despite the request for them to come back with more performances, the FF theatre troupe has not been able to make any return to the region.

The Boomerang

As the title suggests, *The Boomerang* is the story of ‘what goes around comes around’.

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A male university student, who has several girlfriends, has been infected with HIV/AIDS. Of his three girlfriends, there is one that he loves very much by the name of Bih. Bih ends up leaving her boyfriend, Frank, so as to go and do field work in her boyfriend’s village of origin, without knowing that her boyfriend is HIV positive.

Even though he has been having illnesses which are symptoms that could be of an infection worse than the little diseases that were being treated with no proper cure, and she has encouraged him time and again to go to the doctors, get tested and have proper diagnosis and treatment, she leaves without knowing that he is HIV positive, as he keeps this information away from her.

Meanwhile, in Frank’s village where Bih is carrying on her field work for her university course, like many a Cameroonian student she becomes short of money and ends up dating a “sugar daddy”. The sugar daddy, popularly known as Pa Ngong, unknown to Bih, happens to be the father of her boyfriend, Frank. The infection Bih gets from her boyfriend is thus passed on to her boyfriend’s father Pa Ngong, as the latter refuses to use any condom or protection. He claims that if he has to enjoy sex with her, then it has to be as natural as possible and he asks her to take a good look at his physique and

be reassured that he is carrying no infection. Little did he know that his new catch, the girl from the city, the university student, Bih, was herself infected, as her physique was one that did not show any signs of illness at the time. Pa Ngong ends up passing the infection on to his wife, known in the script as Ma Ngong.

Eventually, Bih returns to the city to her boyfriend and later on, with the passage of time, Ma Ngong is taken seriously ill to the point of succumbing to an opportunistic infection. Frank travels to the mother's burial alone. Time passes and his father, Pa Ngong, also taken seriously ill, ends up dying. With this double calamity, Bih cannot leave her boyfriend to travel to the village alone, so she accompanies him to the father's funeral.

Back in the village and at Frank's parents' home, Bih realises that the late Pa Ngong was her boyfriend's father and that she had dated father and son and was currently engaged to be married to the son. When she learns that both Ma Ngong and Pa Ngong died of AIDS complications, bewildered, she immediately apologises to Frank for having cheated on him. She lets him know that she cheated on him with his father and now that he is said to have died of AIDS complications, she is afraid she may have been infected and would thus have passed the infection on to him; being that they both have an unprotected sexual relationship.

Frank, who a long time before had known that he was HIV positive, in turn apologises to Bih and lets her know that he is instead the one who needs to apologise and is deeply sorry for having passed the infection on to her, because he had known of his positive status a long time back. He then lets her know that because of his foolishness, he has ended up passing the infection through her to kill both his parents.

With deep remorse, Frank then contemplates suicide as the ultimate end to the story, but Bih, encouraged by other passers-by and mourners who had gathered upon hearing that Frank had come to mourn his father, all join to help Frank discard the idea of suicide. Bih tells him that he could still live a normal life if he instead decides to take medical counsel and get treatment,

adding that they could both become counsellors for other HIV/AIDS infected and affected people.

As this is a musical, most of the messages are communicated through the use of song and songs are drawn from biblical melodies and known hymns, particularly of the Baptist denominational faith, as well as from local traditional heritage from different areas of the Northwest Region.

The end of the performance features songs which highlight a number of issues related to HIV/AIDS, namely why people should get tested, which people should make sure they get tested, how to manage the infected and affected people in society, as well as measures and methods to prevent infection, including the carrying of gloves on oneself so that in case of an accident, those people assisting, could make use of those gloves. The carrying along of condoms by women, such that if they find themselves in a difficult situation where they cannot avoid sex, they would let their partners use these condoms and also how to overcome stigma by openly telling people when one is HIV positive, so as to allow these people nothing to talk about or to gossip about when they learn from any other source or suspect that one was HIV positive.

Hence, it can here be seen that this play done in 2005 and recorded on VCD for Cameroon radio/television (CRTV) with its author, Emelda Ngufor Samba as director, came just a year after Samba and Cynthia Henderson had done a TfD project on HIV/AIDS in Ndop.

The musical, therefore, appears to treat themes that seem to have been neglected by the project carried out in Ndop, especially with regards to stigma and how to care for oneself or other infected or affected relatives, friends or members of the community. It is in this respect a positive development with respect to current themes on HIV/AIDS in Cameroon and the evolution of plays, themes and communal thoughts about the pandemic and other STDs in Cameroon as a whole.

Although this performance did not use participants from a particular locality as participatory audience in terms of collectively creating the performance and performing it to the people, it must be said that after *AIDS The Dancing*

Masquerade, which Samba wrote at Bayreuth in Germany in 2003 and the Ndop project which she did with Cynthia Henderson in 2004, living in the local communities and experiencing the situation at hand by herself, Samba took the liberty to use her own understanding of the situation at home, to conceive by herself and script a play which would reflect the messages that she intended to convey to the different Cameroonian audiences.

Therefore, whereas there is no direct participation of the local audience as in a TfD intervention which would require the performance of a play by the people for the people, Samba took the liberty from the experience of having done plays with the people for the people, of doing a play for the people with the hindsight of the experiences gathered over the years - and a deeper personal understanding of the prevailing situations in the country.

The idea, also, of getting the message across to not just a limited audience, but to the vast Cameroonian audience, could be said to be the reason for shooting this play and broadcasting it over Cameroon Radio/Television, so that audiences all over the parts of Cameroon which could receive streamed images from CRTV could benefit from watching the play and make informed choices and decisions about their sexual life and health.

The play, which was recorded on VCD, is being used as a facilitation tool by the Cameroon Baptist Convention in its HIV/AIDS missions and especially discussions on issues related to stigma which is very rife in Cameroonian society.

The second performance the FF theatre troupe offered was in November 2005 of the play titled *WABU* in collaboration with the *Black Roots* which is a drumbeat choreographic troupe, as the intention was to use music, dance and drama to achieve some sort of total theatre experience with a blend of these African dramatic forms. The latter play was performed in Yaounde, to an audience of about 470 delegates attending the 4th Pan-African Multilateral Initiative on Malaria (MIM) conference held in the capital. It was a performance by invitation, and the play presented the conflict between traditional and modern forms of healthcare and treatment, with particular

reference to malaria. In harmony with the theme of the MIM conference, the conflict is resolved at the end of the play with a call for there to be collaboration and harmony between the traditional and modern medicine practitioners for the benefit of the patients, as malaria is the number one killer, ahead of HIV/AIDS in sub-Saharan Africa.

Although *The Boomerang* deals with HIV/AIDS and stigma issues, the performance is more of a formal play; scripted, rehearsed, and carried to a venue as ready-made. There were no discussion forums following the performance to allow the audience to hold a viva on the play, its themes, and aspects of behaviour change that need to be addressed.

The creative experience did not in any way involve the audience that watched the performance at the Congress Hall in Bamenda. Hence, even if appreciated due to the lack of theatre activity in these parts, the topicality of the themes, and the desire for more, the people were not as engaged as they would have been were they a participatory audience involved in the creative process of raising, analyzing, discussing, and finding solutions to their problems, which may be more impactful.

The different levels of difficulties faced by the troupe and its mother foundation, however, meant that only one performance of *The Boomerang* was offered in all of 2005, and only one performance of *WABU* as well for the year. Sponsorship and other attendant problems have resulted in the troupe being satisfied with the VCD copies and there seems to be no real effort from 2006 to get another performance of any form on stage again, however loftily objective no.6 is presented in the FF's working document.

Deadlock

Deadlock is a play that carries the HIV/AIDS debate a bit further through raising discussions on HIV/AIDS and handicapped people, conceived by Ndemanou Marie and Ondoua Christophe with Tchamba, Fondzeyuf, and Ndemgne as facilitators while Ngufor Samba directed.

After eight years of staying happily married, Christophe and Marie end up in a deadlock. Marie develops a debilitating illness that renders her handicapped in her legs, and wheelchair bound. She is no longer able to work and bring home money as she used to do earlier on in the marriage, to support her husband, Christophe. As the sole breadwinner for the family, Christophe gets turned off by Marie's handicapped situation and starts looking out of their matrimonial home for sexual satisfaction, leaving her all by herself. Thus far, the story is told by a narrator completely in English, so that the audience can then follow the situation exactly as it happened.

The play continues with Christophe leaving for work and handing some money to his wife for food. Their conversations are totally in French.

In his absence, one of her friends, Cathy, comes with documents for a Common Initiative Group that they are starting together, so as to get Marie's signature for them. In spite of her handicap, she is forging on through the Common Initiative Group, to be able to do something for her community, especially the handicapped people, while earning an income for herself from the salaries that would be available for projects.

On his way to work, Christophe meets one of their friends who is also physically handicapped, and entirely English speaking. Their conversation centres on their university education and he asks how Marie was doing. Noticing that Christophe is not too bothered about Marie at the moment, he offers him pieces of advice on how to improve his relationship with his wife and look after the children properly, especially that he should not forget how Marie was also a very important part of the bread winning team in the past for the family. Besides, he lets Christophe understand that Marie is handicapped in the legs and not in her brain and that her Common Initiative Group may soon be yielding a lot of financial fruits. Christophe had no idea Marie was creating a Common Initiative Group.

Armed with this new knowledge, Christophe decides on his way back home, to get a rose flower for Marie and to start mending their disastrous love relationship, to the point where he invites her to the bedroom so that they could resume making love again. Suspicious of the sudden change of heart

and attitude by her husband, Marie decides that they should both go and have an HIV/AIDS test before they can resume any sexual activity in their home. With both of them looking physically healthy, Christophe readily agrees to that suggestion and even decides they should go immediately, but with Marie's insistence, they decide to go on the following day.

At the testing centre, they are met by the Counsellor, who gives them pre-HIV testing counselling and then also gives them counselling before their results are released to them.

When the moment of truth comes to know their results and the Counsellor starts fidgeting with how best to deliver the sero-discordant result, so as to properly prepare their minds for the news, Christophe becomes impatient, especially when the Counsellor proceeds to congratulate Marie for being sero-negative. He literally seizes his test results from the Counsellor's hands only to read them and discover that he is sero-positive, being a consequence of his long extra-marital sexual activities, carried out with the abandonment of his wife.

Very quickly, Marie decides to dump him, especially as this is the height of her problems, added to all the abandonment, loneliness and disdain with which he had been treating her at home, immediately after her handicap started.

The Counsellor, however, continues his job of counselling by letting her know that Christophe needs her very badly at this time and it is not the moment she should think of abandoning him, in spite of all the pain and suffering she has undergone.

Back in her matrimonial home, Cathy visits Marie with the good news about their Common Initiative Group which has finally been legalised by the Government. Marie is informed that the projects they had in mind were ready to take off with the necessary sponsorship and funding from donor organisations already agreed upon, and coming in soon.

With her renewed strength (she is HIV negative and her Common Initiative Group, for which she is President, is making good progress), she sets about her business running the Group and liaising with the other members, as seen in her visit to certain offices to discuss issues affecting other handicapped people.

While she is going on with this, the Counsellor pays a visit to her home to find Christophe abandoned on his own and very ill. Marie comes back to meet them both, and the Counsellor continues his advice by saying that in spite of commitments with her Common Initiative Group which keep her very busy, and despite Christophe's negative attitude to her in the past, she should put those feelings behind her and work with him as a team towards the betterment of others, starting with their home. He insists that her Common Initiative Group, which is for welfare, would be a sham if she could not show the same concern she has for people's suffering, by beginning with her husband and his situation of dire need right at home.

A helpless Christophe is left without comment and Marie then throws the question at the audience in attendance, saying:

“My sisters, if a man, your husband, abandons you at home because of your physical handicap and goes all over the place committing adultery until he comes back home with HIV/AIDS, and you were in my present position, what would you do?”.

The responses that are heard from the recording of the performance are varied, but immediately one can hear a female voice say “Jamais”². One male voice says “Il faut le pardonner”³. Yet another one shouts in English, “Seventy times seven”.

Marie invites each person answering to stand up and join the debate by discussing what should be done with such a situation. This indicates the end of the performance proper and they kick off discussions about situations and issues raised by the play.

Post –performance discussion

At this juncture, a staff member representing the sponsors, the US Embassy, takes the role of moderator. She invites the audience to make comments or

² My translation from French, “Never”

³ My translation from French, “You should forgive him”

ask questions about issues raised in the play directly to the actors and production crew.

The whole cast comes back on stage, house lights are switched on and a discussion of issues raised in the play, and the personal lives of the actors in relation to the play, then follows. Some of the questions asked by members of the audience include the following:-

- What is your final resolve as to the relationship between you and your husband and the way forward, after the pieces of advice you have received from the Counsellor and the reaction you have seen from some members of the audience?

To this question directed at Marie, the wife of Christophe, she replies: “Je l’ai pardonné” (I have forgiven him).

- After she forgave you for all the mistreatment you gave her and is now contemplating helping you with your present health predicament, do you now truly love your wife or not?

Christophe’s reply: “love her? I adore her”.

- Marie, are the situations seen in this play, those that you have experienced yourself or just fiction?

Marie’s answer was that she had lived some of the situations in the play in her own matrimonial home, but declared that there were some also that she had not experienced, which were just conceived to heighten the plot and give the play the quality it deserved. This, she quickly pointed out was, for example, the fact that her husband has never been HIV positive.

The remarkable thing about this performance is that unlike other performances analysed earlier on in this work, the play experiments with other forms that the previous ones have not employed and brings out the peculiar

characteristics of Cameroonian society; particularly the urban middle class society, made up of the intellectual elite, who have graduated from universities and are working in the intellectual and administrative circles of urban Yaounde.

This target audience is the one that lives day to day with most of the nation's handicapped people, due to the highly centralised nature of services in the country that allow the pooling of the handicapped who can reach the capital, to the 'Centre de Rehabilitation des Handicapés' of Etoug-Ebe, the only handicap rehabilitation centre in the region. Their attitudes towards handicapped people, whether they are physically challenged with sight, hearing, or movement, comprise the type of situations depicted by this play. Their rather condescending attitude towards the handicapped people is very much emphasised as well as the social interaction between these handicapped people and their immediate family members, as seen through the husband/wife relationship of Christophe and Marie, in the play.

Experimental bilingualism

The play also experiments with bilingualism in terms of play conception and performance in Cameroon. The ideal Cameroonian citizen is officially supposed to be bilingual in English and French and the play depicts this specific characteristic by making use of actors, some of whom speak either only in English or wholly in French, throughout the performance.

This is typical lecture room practice at the University of Yaounde I, where a lecturer can come in and speak in French and the next one in English while students are free to ask/answer questions or write exams in any of these two languages of their choice. It would certainly be comfortable for students and staff of this university to sit and watch through this particular performance, as was the case, with no problem in understanding the story and following the plot through to the end. However, the same cannot be said of this play if it is taken to other towns like Douala, Limbe, Bamenda, Garoua, Maroua or any others. In most of these other towns named, communication is completely in

French or in English. In French and Pidgin or in English and Pidgin and so the audiences would be distanced from the performance right from the start and would follow the play with difficulty and lose out on the plot completely. Hence, however rich the conception of the play, and however dexterous the actors who perform the play, a lot still gets missed by any other audience, except the primary urban elite Yaounde audience for which it was intended and performed. Touring the play in the rest of the country would therefore, not draw the same level, or a similar level, of interest and participation as was noticeable with the Yaounde performance.

Another plausible effort by this group was that of pooling the resources, in terms of acting together, whereby the actors were made up of known long time performing artists with university degrees to their credit and handicapped people who have never been on stage before for any performance in their life. These actors, drawn from two extremes, were able to work together harmoniously and produce an excellent performance for the intended audience. As much as it was a collaborative acting experience, so also was the conception of the play story itself.

The play was conceived by two handicapped people who were complete novices to the theatre experience, under the directorship of Emelda Ngufor Samba and the script could be said to be of a better quality than a lot of other scripts that have been seen. Participation was at a very high level, as it was largely their ideas, their storyline, and the plot they created that gave the script for the performance. Even as novices, they were able to portray the situations surrounding their lives on stage, as vividly as they lived it and raised the question at the end of the play in all frankness, so that both the actors and the audience could, together, reason and chart a path forward for future relations between handicapped people and Cameroonian society as a whole.

Some of the songs used during this performance were repeated, so that if the song was initially in English, it would then be taken over again in French, so that the lyrics and their meanings would reach all members of the audience, if they were a little limited in one language or the other.

Credit for the success of such a large scale project, however, must go to the United States Embassy who sponsored the project.

Time for Action

Conceived and directed by Donatus Fai Tangem, this is a typical example of an attempt that sets out without any pretence of doing a play, but of propagating an NGO's slogans as entertainment. In this case the message is that of the Commonwealth and it is a message of 'abstinence', 'fidelity', and use of 'condoms' in sexual relationships. Abstinence is the message preached to all under 18s and for those who have already engaged in sexual activity, fidelity and the use of condoms is preached as the methods through which HIV/AIDS could be prevented.

The twenty minute performance opens up with a man crying and rolling all over the stage floor, inviting people, in this case the audience, to join him and cry, for disaster is at his doorstep. As his wife approaches him and asks why he is crying, he says he is crying because she is not joining him to cry, whereas there is disaster at their doorstep. Pressed further by his wife, he lets her know that their only two children have just both been declared HIV/AIDS positive and their world has come to an end. She joins him crying for a while. Both cry and moan about their circumstances and the wife suddenly picks herself up, deciding that crying had never solved any problems and will not solve this particular one, but that it was a time for action. She props him up, wipes his tears and tells him the best thing to do at the moment was to rally all the neighbours and for the whole community to fight HIV/AIDS.

Taking the understanding of "fight" literally, the man, her husband, goes to the neighbours and they all come out with bows and arrows and Dane guns, in war gear and, with dexterous military manoeuvres, are all set out waylaying the HIV/AIDS virus so as to kill it. The woman reappears and tells them fighting HIV/AIDS was not a child's play and that guns, bows and arrows would not suffice, so she collects these from them and lays them on the floor. She then proceeds to tell them that the only way that the virus can be fought is through information and conscientisation and that information and

conscientisation are the only vital tools needed to fight HIV/AIDS in their community.

Very characteristic of a 'Deus ex Machina' style of performance, where the end result is what matters, they wholeheartedly agree with her and immediately pop out solutions to fight HIV/AIDS in their community by repeating the Commonwealth sponsored slogans for the same. Repeatedly, they each proclaim "abstinence, fidelity, condoms", and say clearly:

"this is a message from the Commonwealth, go and tell all the people that HIV/AIDS is in the community, and abstinence, fidelity and condoms are the methods that are going to be used to fight it."

They start singing this and displaying dexterous dance styles, exiting the stage one after the other, until they are all off stage. The play comes to an end, the writer and director of the performance joins them in dancing back on stage for the curtain call and the performance is done.

No pretence is made whatsoever here to camouflage the message with any cause - effect relationships in the development of plot or action in the play or the causal relationships in the development of conflict within a play structure, such as to captivate the audience, sustain their interest and carry them through a variety of experiences before getting to the ultimate conclusion or the message. The message is presented in its most blunt of forms, directly and straight to the point.

Though African, and particularly Cameroonian audiences are well known for their direct reaction to ongoing action on stage, it is very clear during this performance recorded on DVD, that the audience were mainly entertained by the mannerisms of crying that the man employed as well as his wife when she did join him. Also, the war manoeuvres of the people with their bows, arrows and Dane guns, which in a modern society, were rather primitive war styles and finally, the dexterous dance styles with which they could all identify as coming from certain local indigenous, known, traditional dance groups were entertaining to watch.

The deep play experience of having action build and carry the audience through a range of emotions, ideas and feelings, to engage them either directly or indirectly, was not experienced at all with this performance. Most of the local NGOs, women's, youth and other groups, which claim to use the theatre in HIV/AIDS education, largely employ this type of propagandist approach. The play, instead of being a dog that wags its message of a tail, becomes the tail that is wagged by the dog of a message.

As this performance was held in urban Yaounde, as recently as the year 2007, after all campaign messages against HIV/AIDS that flood the radio, television, posters and other media, there was neither something new to learn from the content of the message in the play, nor anything remarkable to change the people's knowledge, perception, or behaviour patterns as a result of having watched this performance.

People Theatre for Social Change

People Theatre for Social Change in collaboration with WICO Ndop and their workshop titled "HIV/AIDS Education through Theatre" saw participation at a high level right from the start of the project. It recruited fourteen participants drawn from different villages and rural communities of the Ndop area with the assistance of the Women's Information and Coordination Offices, which is a common initiative group in Ndop, known as WICO hereafter.

WICO mobilised and recruited the fourteen participants who came for the workshop and who would eventually be the actors to deliver the performance to the Ndop community. Of these, there were five men and nine women all drawn from different areas of the locality. Some came even a bit further away from the community due to the semi-cosmopolitan nature of the Ndop area that gathers people with various trade concerns to its fertile plains.

After breaking the ice by giving nicknames instead of the 'Mr or Mrs So and So' which the people in the locality use to call themselves, and playing theatre games, the coordinators, the assistant and the camera man all set to work with the participants, to start analysing what HIV/AIDS exactly was and the

different facets of it which they were going to employ for both creation and performance, with the ensuing evaluation and recommendations.

The first important task was to know from the participants what their knowledge of HIV/AIDS was and this was done through engaging them in discussing it and especially what their expectations were since they already knew that the workshop was on HIV/AIDS (Samba & Neba, 2004 p. 5). Among these expectations included things such as their ambition to know more about HIV/AIDS, so as to protect those who are uninfected, the willingness to learn a bit more on how to support infected persons, how to live with HIV/AIDS if one was infected and the capacity to convince local populations of the existence of HIV/AIDS, as many were still in complete denial of the fact that it even existed. They were also willing to acquire skills that would enable them to start up youth activities for the fight against HIV/AIDS and to learn more about educating others on HIV/AIDS, to relay this message to their communities when they returned. Some of the group wanted to learn how to write projects for sponsorship, while others were looking forward to receiving literature and support material that could be used in the fight against HIV/AIDS; namely leaflets, posters, and condoms. It is also important to note that in the group, there were people who expected that they would be able to acquire video cameras that would be used in documenting their own projects in the future, when going to practise on their own. Asked what people in the local community thought about HIV/AIDS and what it meant in society, it was surprising for the coordinators to realise that some people did not even believe that it existed at all. Others thought that it was the final stage of any prolonged and untreated illness; for example, that if someone had a cough, malaria, typhoid, headache or any other ailment for that matter, and it was not treated properly for a prolonged period of time, it would then develop into HIV/AIDS and kill the patient. There were still others who considered that HIV/AIDS was a ploy or western strategy that was being employed so as to discourage sexual activities and thereby control the population of countries south of the Sahara, especially the Black African countries.

Besides discussing these myths surrounding HIV/AIDS in Ngoketunjia Sub Division where Ndop belongs, the people were asked to identify the problems that exacerbated the continuous spread of the disease in the area. These problems included unavailability of drugs in the rural area, denial by people who have been tested positive to accept their situation, with the fact that some even believed that diagnosis at one hospital was wrong and moved from hospital to hospital just to get the same diagnosis. Illiteracy was also named as part of the problems promoting the spread of HIV/AIDS and the shame or stigma associated with being HIV positive was one that made people reject infected persons and compelled them, through fear of this rejection and isolation, to conceal their status and thereby stay out of contact even with any available help that could come their way.

Other problems included the lack of confidence, witchcraft, inadequate counselling facilities for pre-testing and post-testing, malnutrition resulting from extreme poverty, and negligence of relatives when they discover that someone is already HIV positive.

The participants blamed the continuous spread on drunkenness, with the local palm wine, tapped off the palm trees, being one of the major reasons why people engaged in unprotected sex.

Prostitution, promoted by poverty, especially in the women folk, was seen as one of the major ways in which continuity of the spread was going to progress. One other problem mentioned, was the neglect of other means of transmission such as the sharing of blades and shaving equipment, to the advantage of just talking about heterosexual sex which is the major means of transmitting STDs. Also, polygamy was seen as one of the reasons for the spread, because the women, whose husbands could no longer satisfy them sexually because they were with their co-wives, had to seek that satisfaction from other men and thereby bring infections, including HIV/AIDS, home.

Gender discrimination, which promotes the education of boys to the detriment of girls, was seen as one of the reasons why HIV/AIDS spreads, because the idle girls learn and decide less appropriately for themselves and tend to engage in early sex or marriage which ultimately exposes them to infections at a higher rate than the more educated boys.

Again, certain customs and traditions, such as death celebrations and funeral ceremonies that drag well into the night and are the cause of people drinking a lot and dancing with single and married women other than their spouses, were seen as circumstances which provoke and arouse men's desire for sex with women they were not married to, and vice versa.

Samba and Neba (2004 p. 5-10) reveal that in a frank exchange during a question and answer session, the participants wanted to know from Dr Gregory Eloundou, the chief medical officer of Ndop District Hospital, who had accepted an invitation to take part at this workshop, the answer to several of their preoccupations. One was why babies born of infected mothers could or could not be HIV positive. Another question was to know whether mosquitoes were capable of transmitting the virus, when they bite an infected person and then bite an uninfected person. They were also interested in how infected people could live with the virus and finally, they wanted to know why the Government did not support individuals, such as traditional doctors and medical luminaries, like Professor Anomah Ngu, in their search for vaccines or treatment for HIV/AIDS. With the benefit of a medical expert in doctor Eloundou, these questions were addressed to a degree before the coordinators and participants proceeded with creating the play proper.

The workshop benefited from the presence of two HIV positive participants, amongst the fourteen who were present, so personal testimonies and even those given by some of the participants about what became of their relatives who were infected or affected, helped in the question and answer sessions and in the preparation for play creation.

Three groups were then assigned to work each on an aspect of the project. Group One, was to work on the definition of HIV/AIDS. Group Two, the methods of transmission and how it could be prevented and Group Three, on the aspects of traditions and customs that promoted the spread of HIV/AIDS. The coordinators then equipped all three groups with the qualities of a good play, including its being entertaining and educational, with messages communicated with clarity. They were reminded to have conflict in their

different sketches, which would sustain the interest of the audience and to use local colour in terms of music, song, dance and even the language, so that local people would be able to identify with the sketches they were performing. After an hour of group work, each of the three groups presented their sketch, which the coordinators discussed with them and analysed what scripts they had come up with, with the intention to improve the presentations and give the sketches stronger vision and focus. They were also encouraged to conceive monologues, poems or songs, which would give their thinking about a particular situation related to their chosen theme and how it occurred in their life or manifested in the life of someone that was close to them.

They came up with monologues, some of which were either songs or plain narratives and these were in English, Pidgin, or the indigenous local language. No attempts were made to correct the grammar or syntax or the language of these people, as long as they were politically correct, without directly affecting or challenging people, either in the cast or in the audience, where the plays would be performed. According to the coordinators, the aim was to give it originality and making it a unique experience, with which local people would readily identify, rather than a top-down imposition of ideas coming from elsewhere. The work of all three groups was then collated together into one harmonious performance and the first performance lasted about 50 minutes, which, upon evaluation, the coordinators and participants found to be too long to sustain the mostly passer-by audiences at the motor park where this performance was carried out.

Publicity for the performances consisted of putting up posters at the gate of the workshop ground and around the market place. Prior to performances, a carnival-type procession would take place, with the participants carrying handouts, male and female condoms and even some more posters through the market square, singing songs about prevention of HIV/AIDS and inviting the local trades people to come and watch the marvellous performance that was soon to take place. An estimated 110 spectators stayed until the end of the play during the first performance, consisting of mainly large crowds of traders and travellers, school children, men and women who gathered at the

venue of the performance and some had to proceed on their journey, whilst others stayed.

As a typical African crowd of spectators, comments were shouted from time to time and questions or suggestions were thrown at the performers at the same time as the performance ensued. It became difficult to control the crowds and the noise, especially with the coming and going of vehicles entering and leaving the motor park in the market square, where the performance was being held.

After the performance a discussion with the public followed, during which questions similar to those the participants had asked at the workshop venue were asked and the coordinators, with the benefit of the knowledge gathered from the medical expert and the help of the participants, were able to answer these questions, either in Pidgin or in the local traditional dialect, as the case might be.

It is interesting to note, however, that some of the people who attended were there mainly to wait for the free condoms that were going to be distributed and so had to stay until the end of the performance just to obtain these, without any real interest in the play itself at all. Samba and Neba acknowledge this in declaring that the performers, in a post-mortem, said

“The greatest problem was the unruly crowd of ‘park boys’ who seemed to be interested only in receiving free condoms”(Samba & Neba, 2004 p.17)

After performing a viva on the first performance and tightening it through editing of certain sections, the second and third performances lasted only about 40 minutes.

Collaboration and project realisations

The coordinators and their participants could be said to have had a lot of achievements during the whole process of this project. They benefited from the sponsorship of the US Embassy HIV/AIDS task force and had the

expertise of a local university lecturer in Emelda Ngufor Samba, and an international expert in Cynthia Henderson. They also had the benefit of an assistant facilitator who was from the local area and a first year university undergraduate student in the person of Mercy Mafor Neba who could reach out to some participants and audiences in the local language of the community as well as quickly translate for the coordinators.

They had resources to document the whole project through the presence of Lucian Tion, with a video camera, who did all the recordings for them and ended up editing with Cynthia Henderson, a thirty minute documentary titled *'Road Trip: Demystification of HIV/AIDS'*.

Equally to their advantage was the benefit in terms of resources collected from the National Aids Control Committee, which included leaflets, male and female condoms and the collaboration of the local WICO Group.

They were as well privileged with the immediate collaboration of a medical expert to answer the questions and preoccupations of the participants, which were also a reflection of what the community's preoccupations are in the local area.

The project also had the collaboration of the local community in terms of discussions held with the local Aids Control Committee in Ndop and the willingness of businesses around the performance areas to turn down their music whilst performances lasted, especially during their second and third performances. The offer of their business space as a play area, which was willingly accepted by a travel agency, was also a collaboration that was really appreciated by the group and goes to show how a lot of local support can be harnessed into the realisation of any project that the community deems to the benefit of one and all.

In spite of these achievements and advantages, however, it must be noted that the project and its report, both written and documentary, all raise a number of issues that are peculiar to the local area and a microcosm of Cameroonian society as a whole.

One such issue is that of transport. The transport network in Cameroon leaves much to be desired as the lack of roads greatly hampers the execution of not only projects like these, but marketing and other ventures that are intended to empower local populations, especially in the transport of their produce from their local sources to the available markets.

The documentary shows Henderson at one point arguing with the transporters about the cost of transport they were being charged and the conditions for travel, depending on how many people they wanted to carry in their vehicle; and whether or not Henderson and her group were able to pay for the extra seats, nonexistent of course, which the drivers usually require in order to make up for all the fuel and other expenses that they incur due to the nature of the road. The project coordinators, therefore, arrived at the opening session about two hours after schedule, due to the transport problem, but were blessed with the patience of the local participants who, in spite of that, waited for them to arrive and for the project to kick off.

Another important issue that this project raises is that of the over-centralisation of administrative and even medical facilities. Because of the way the Government is run, to show the western support systems that they were doing everything and putting things in place to combat HIV/AIDS in the country, facilities in the urban areas have a different picture as compared to those in the rural areas. This may explain why page 11 of the write-up says:

"The test was free in the Bamenda Central Hospital and it cost 1,500 francs CFA in the Ndop District Hospital".

One would expect that there would be a cost for diagnosis in the urban areas where there are jobs and people are financially solvent, rather than in the rural areas, but the reverse is the case as the report notes. Hence, for anyone to get tested and know their serological status, they have to pay 1,500 francs CFA in this rural or other peri-urban areas or pay approximately double that amount in transport terms to the urban areas so as to get tested for free. The level of poverty and the conditions under which the people live in these rural

areas, do not in any way help towards facilitating this approach to diagnosis and possibly treatment, even where individuals are willing to do so.

Also, in response to the question raised by participants as to why the Government does not support individuals, such as traditional doctors or a renowned medic and former Minister of Health, Professor Anomah Ngu, who uses western medical standards for a therapeutic vaccine treatment of HIV/AIDS, so that the people can find an ultimate cure, the medical doctor evaded the question. The write-up states emphatically:

"He considered the last question and administrative issue and did not find the workshop the appropriate venue for such discussions". (Samba & Neba, 2004 p.11)

Such lack of clarity in the way information descends from the top to the bottom, is clearly not to the advantage of any struggle to rid the community of HIV/AIDS. It must be added here, also, that neither the medical doctor, Gregory Eloundou, nor any of his nurses or public health staff members, were present at the three performances offered in public venues, to answer the people's queries which came directly after the performances.

A remarkable issue that this project raises is that of conflict of interest, whereby there exists, instead of collaboration, unhealthy competition between the local NGOs engaged in the same struggle against HIV/AIDS and other communicable diseases and the well being of their local populations. This is evident as seen in the dissatisfaction of the WICO participants with the fact that Cynthia Henderson paid a visit to a family of four orphans, ranging between the ages of 5 and 14, who were left on their own after losing both their parents to HIV/AIDS. Their dissatisfaction came as a result of the fact that Henderson acted upon an invitation by the Local Aids Control Committee, rather than WICO information. Personal goal scoring by NGOs takes precedence over the important issue of helping the needy.

The interrelation between drunkenness and unhealthy sexual behaviour, could be said to be one of the major issues (contributors) that surround or

foster the propagation of HIV/AIDS in this as well as most other Cameroonian communities. The documentary clearly shows the environment all crowded by palm trees from which palm wine is tapped for local consumption and, being a very hot environment, it must be said that drinking is one way the people employ to occupy themselves or to quench their thirsts. Billboards advertising beer and trailers transporting the same are very visible in the documentary and these all add to show how much alcohol consumption is an attendant problem to that of the promotion of infection with HIV/AIDS and other STDs in the local as well as enlarged communities in Cameroon.

Audience reaction

The audience response to the performances can also be said to show the level of social scepticism about the exact agenda of projects of this nature. Though blessed with Samba, Neba, and the local participants all being Cameroonians and the fact that Cynthia Henderson is African-American and thus blended in with the local colour of the population, the presence of Lucian Tion, a white man wielding a camera, perhaps provoked a subtle interpretation by some members of the audience, of there possibly existing a hidden or secret agenda to projects of this nature. A member of the audience in Bamessing, for example, asked the coordinators and participants whether in their message of preaching the use of condoms they were thereby implying that the population of Cameroon was enough as it is. To him, if condom use was to be encouraged, there would be no reproduction in society and if that was the message the people were bringing to the local community, to accept and use condoms as a means of controlling population growth, it was certainly not acceptable. This only adds to general societal scepticism about the existence of HIV/AIDS in itself and even where it is accepted, as to whether it is a secret weapon that is being used to control population growth in the developing countries, with particular reference to black Africa.

Language as a major factor in terms of communication in any TfD project was also highlighted during the performance at Bamungo. Page 19 of the report declares:

"The first monologue was in English and the villagers shouted out in protest, requesting the performers to speak in either Pidgin or Bamungo, languages they could understand. The coordinators immediately consulted with the performers to render all their lines in Pidgin. This calmed down the spectators".

If this request was not granted and the rest of the play not rendered in a language accessible to the attending audience, they would have left the venue or turned so noisy as to disrupt the entire performance.

The availability of male condoms for distribution, as opposed to female condoms which were only there for demonstration and unavailable in the local markets and pharmacies, only shows to what extent information, however well it is received, can kill motivation in the people. Samba and Neba disclose that:

"The greatest surprise was the female condom. A cross section of the people never knew there was a female condom and wanted us to distribute some to them. This was, however, not possible for we had just a few for demonstration".(Samba & Neba, 2004 p.19)

Although most HIV/AIDS infected people in the country are women, they do not have access to these female condoms which most of them were seeing demonstrated just for the first time. Hence, there is no way they could individually seek to protect themselves against partners who refused to use the available male condoms during sexual relations with them. It thus raises the question as to the availability, again, of resources alongside information. The female members of the audience were thus disappointed with the fact that men were able to have their condoms supplied free of charge during the post-performance discussion sessions by the coordinators and participants, whereas the women only had to see what their condoms looked like and had no idea where to access them or to have them equally as free as the men, so that they could protect themselves.

This type of theatre, TfD, which goes along with entertaining, informing, educating as well as taking development aid to the people, raises a lot of questions at some points, rather than answers. Should the coordinators

decide to come and do a similar project on other themes in this particular locality, the expectations would be different. The women folk, for example, will expect that on their next visit they would certainly bring along their own share of the condoms, otherwise their participation may end just after a first post-performance discussion, if the men receive condoms and they receive nothing. Whether it is a good idea for theatre coordinators and participants to carry along these complementary products, such as leaflets and condoms to performance venues and raise more problems for themselves, rather than solutions, or limit themselves just to informing and educating the people and directing them to where they would find and avail themselves of these products, still remains a question for debate.

Although one of the greatest problems or themes that any TfD project should treat in Cameroon has to do with the problem of stigma and how much it integrates people with or separates them from their family, friends and treatment centres, this was not given any full consideration or treatment in the sketches that were presented during this project.

Participant follow-up

In all, one could say that the project achieved a lot, but also left a lot open to doubt. Perhaps this is why in response to the call by participants for the coordinators to come back to Ndop and organise more workshops, the coordinators responded:

"The workshop had been both a learning process for the participants and a session for the training of trainers, the most the coordinators can do is to come back to observe what they have been doing in the field and to give them guidance, if necessary. The coordinators would rather conduct workshops in other parts of the country, than return to Ndop for the same process" (Samba & Neba, 2004 p. 21)

This response indicates that the PTSC intervention failed the participants in their quest for continuity and dialogue with both PTSC and their sponsor organisation. In expecting that a four-day training and performance in three locations of the Ndop area was sufficient to arm the participants with the necessary tools for independent continuity, they perhaps over estimated their

achievements and instead added to the misery of the expectant workshop participants. They were denied the right to be listened to, whereas Prentki argues that:

“the theatrical performance can be exploited to require those who usually only speak to listen, and to allow those who normally only listen to do the talking. This reversal of power relations can have significant effects in terms of the opportunities afforded for vertical integration” (Prentki, 1998 p.429).

Therefore, although the participants resolved to write and submit micro projects to funding organisations on HIV/AIDS, malaria and other diseases and to start local HIV/AIDS control committees in their villages to continue the fight, they achieved very little success with that.

An attempt to find out how the fourteen participants have fared, seven years after this workshop succeeded in locating only one of the participants, with the remaining thirteen lost to follow-up as mobile telephone numbers provided were no longer in use.

In an interview with the only participant that could still be reached (Titamue, 2011), she confirmed that she was not aware of any attempt by the other thirteen to carry out any TfD intervention after the PTSC facilitators left. Her efforts to do something resulted in two performances in Ndop and Bamungo in 2005 under the banner of Yedia Foundation. She and the women who worked with her prepared a play and gave the script to a literature teacher in the local secondary school who helped edit it. Since then, nothing has been done by her or any of the others as far as she knows.

Titamue blames the failure of her attempts at mobilising women for a TfD intervention on the lack of some pecuniary support for the women as they give up farm time, which is the source of their rural livelihood, when she revealed that:

“With the rural women, to bring up something like that you must have some ‘motivation’... so when I started it some were coming but later on they saw that they were wasting their time, leaving their farm, and things like that.”

Asked if there was anything else she could have done to make her attempts a continuing success, she responded:

“I made a mistake...it’s later I was regretting that if I knew I would have worked with the youths instead, because they like such things (theatre).”

The lack of follow-up and feedback on their (participant) efforts, however contributed to the discouragement and abandonment of activity, as Titamue pointed out:

“Before that 2005 somebody called me...one of the coordinators called and encouraged me, but since then she has never called...now that you are calling like that it shows that there is some interest....You know when you’re doing something and you don’t have the backing, the courage too is not there. When you’re doing something like this and somebody is calling like what you have done now, you have some courage and then you’re motivated.” (Titamue, 2011)

PTSC itself existed only for the duration of this project, leaving no room for continuous collaboration if the participants needed. They did not come back to ‘observe’ and to ‘give them guidance’ which they so much needed to be able to stand on their feet and walk into the future of HIV/AIDS education.

Conclusion

Aims and Processes

It can be concluded from this study that performances used in Cameroon towards HIV/AIDS education fall under three categories.

- Propaganda sketches
- Didactic theatre
- Minimal impact TfD.

Fai Tangem's *Time for Action* falls under the first category. This is the category of plays which Prentki has referred to as the type that sets out to say "we know what is best for you". Its aim is simply to repeat the sponsor international NGO's slogans.

The second category of plays is comprised of those who tried to understand the problem, prepared a script and took the performances to audiences in the country without any input whatsoever from the audience. Amongst these are Nkweteyim's *The Fight Is On*, Ngufor Samba's *Aids, the Dancing Masquerade*, and the Fobang Foundation's performance of *The Boomerang* directed by Ngufor Samba.

Plays that partially used TfD methods explored in this study are *Deadlock*, which held a workshop with handicapped people that resulted in the creation of a play for a wider audience, and PTSC intervention in the Ndop area. In the case of the former, the end of the play offers an opportunity for a continuation of discussion on an issue directly relevant to the play, namely what the members of the audience would do if they were in Marie's shoes. Clearly, this calls for the audience participating to take an active role in discussing that, and other issues raised in the performance, with a view to adopting behaviour changing patterns; yet bereft of 'ownership' in the aspect of raising 'contradictions' in the live performance and searching for solutions to the problems raised. Commenting about a similar practice with the Laedza Batanani intervention in Botswana in the 1970s Byram and Kidd, as quoted by Mda, remarked that:

“Participation as mere performance is no guarantee of progressive change; unless the rural villagers control the popular theatre process, they may be used as mere mouthpieces of ideas produced by others which mystify their reality and condition them to accept a passive, dependent, uncritical role in an inequitable social structure.”
(Mda, 1993 p.15)

As for PTSC intervention in Ndop, Bamungo, and Bamessing, the facilitators held workshops with fourteen participants. These participants then presented their devised performance of three skits, interspersed with monologues and poems to a larger audience. It can be argued that the audience at these performances, even if they joined in singing and dancing, which Bourgault calls ‘indigenous communicative forms’ to familiar rhythms from their local repertoire, did not have any direct input to the continuity of the play. There was no forum for their active participation either through simultaneous dramaturgy, hot-seating, or other methods of dialogical inclusion.

It appears that, instead of preparing a performance in Yaounde and taking it straight to the performance venues in Ndop area, the facilitators arrived in Ndop, prepared a performance with fourteen participants, and took the same to a non-participatory audience. The process, substituting local residents for professional actors as veiled participation, reflected a variant form of what Chambers had called the ‘outsiders’ taking a performance to the ‘insiders’.

Contrived endings

It can be argued that as a result of the failure to connect with the grassroots, or engage with the audiences to an extent that the latter champions its solutions to problems raised in a performance, some of the performances unwittingly burdened the spectators with contrived endings.

It is very unrealistic, for example, that Bih, in *The Boomerang*, who is just finding out with Frank what the death of his father portends serologically for both of them, would be the one to suddenly start preaching counselling and treatment options that are open to them. Similarly, Therese Ewale’s rather boastful public proclamation of her HIV status at the end of *Aids, the dancing Masquerade* in a bid to fight stigma, may not be a realistic rehearsal for a live situation. The same applies to the deus ex machina sequence of events

inTangem's *Time for Action*. In Nkweteyim's *The Fight is on* it is manifested in the Superintendent taking the suggestion to send the pickpocket kid and siblings to an NGO, FOREP, instead of the government's reformatory detention facilities.

These instances in the play could possibly have translated into the points where the audience is involved in active participation to seek solutions with the cast, for example through hot-seating, forum, and replays.

Perceived results and impact of interventions

All three categories of performances seen in this study could be said to be one-off and top-down in orientation.

They did not, as Burkey (1993 p. 39) would have it, settle down to "working patiently over time, directly with people, facilitating and supporting initiatives arising from individuals, groups and the community at large".

They did not, as well, seem to agree with Boal's concept of making the participating audience 'active' instead of 'passive'; or perhaps misunderstood this to be limited to joining the singing and dancing instead of vital contributions to development of theme, story, or plot.

Neither did they use a 'forum' approach in order to include the participants in the development of the interventions as seen with DramAidE interventions in South Africa.

The practitioners did not consider sectoral targeting of specific groups such as students, law enforcement officers, inter-urban drivers, prisoners, and sex workers, for effective and uninhibited communication around common interests.

In most of the places where these performances or projects were held, the facilitators and the participants all stopped activity at the end of one performance, and any hopes for continuity were dashed. Consequently, the theatre scene still remains dominated by the outsiders, largely university elite, who show up as and when they are able to get sponsorship and time off their regular duties.

For these reasons, it was not possible for there to emerge sustainable development outcomes which could be, as Burkey (*op cit* p. 39) says, 'powered by people themselves'.

As a result of these methods, and the socio-political state of affairs, the local people in all these areas have been unable to set up and sustain TfD practices of their own to voice their views and take a stand towards ameliorating their circumstances. The communication vacuum thus created is really huge, encouraging apathy to interventions in line with the perceived political lethargy engendered by a pervasive political status quo.

Can this reality be changed?

It would appear that there are no prospects for TfD against HIV/AIDS to achieve its objectives in Cameroonian society, whether urban or rural, as a result of all the deprivations they suffer.

The lack, especially in the rural areas, of social infrastructures such as HIV/AIDS diagnostic laboratories, counselling and treatment centres, regular supply of Highly Active Anti-Retroviral Treatment (HAART), and free or affordable male/female condoms, translates the messages carried out by TfD groups into an insurmountable challenge which remains as message, and not transformed into behaviour change. This is because even when willing, the people have no access to the facilities which will support their change of behaviour and no channel for voicing their plight to the authorities.

In spite of the economic potentials of Cameroon, blessed with enormous mineral, material, and human resources, corruption and poor governance have meant that a few in the country have appropriated all the wealth of the country to themselves, whilst the majority live in abject poverty. Such poverty has made it almost impossible for individuals or local rural groups to fund TfD projects that will bring them together and make them analyse their problems, dialogue and seek solutions.

Poor road infrastructure and excruciating poverty make it impossible for the infected to commute regularly for care in the centralised urban facilities. They resign themselves to the fate that awaits them – death. Perhaps it is for this reason that some of the groups, when they travel out to rural communities on projects, do take condoms along with them for free distribution, when they are able to lay their hands on these from international donor organisations.

The one-directional (top-down) communication practice of the highly centralised administrative structure, which is a direct post-colonial inheritance, is one that makes access to social services and facilities very difficult. This has made sponsorship for projects unattainable in governmental circles, especially since the powers that be see the use of TfD and other theatre forms, as a threat to the power basis and the continuity of their dictatorial rule. Valuable collaboration, as seen with the Kwa Zulu-Natal Department for Health and DramAidE in South Africa, to prevent some new infections in the majority rural areas, is non-existent.

Fear, therefore, of unlawful arrests and detention, trumped up convictions and imprisonment, torture, and widespread ‘unlawful killings by police and security forces’, and the inability to satisfactorily seek recourse from the courts due to corruption and insufficient resources, have imposed unofficial censorship (officially abolished in 1996), or self-censorship, on political aspirants, media personnel, and theatre practitioners alike.

Self-censorship in the quest for personal safety and comfort could be said to account partly for the choice of TfD aesthetics employed by the practitioners considered in this study. It can be traced in the ever evolving practice of Bole Butake. It is noticeable in the unanswered questions by Dr Eloundou and Ngufor Samba’s response to the call by the audience for more workshops. In this quest, the full potential of the theatre, as a revolutionary force that can usher in both a change in personal behaviour and political choices and alignment, has been sacrificed.

The creative abilities of the people to seek and find solutions to their problems have thus been compromised through didactic, rather than dialogic, interventions. Kerr aptly captures this type of dilemma elsewhere, in the comment:

“Despite the promise of community health which drama offers, it seems inevitable that popular theatre workers will not achieve easy victories. Solidarity, whether within communities, trade unions, national groupings or international networks, is only possible through the development of strong democratic organizations at the base, to which popular theatre can provide theoretical, strategic and imaginative nourishment, and from which it can receive economic, social and ideological support.” (Kerr, 1995 p.255)

However grim the situation presents itself, it can be considered as the necessitating environment for change of the status quo to be targeted. The recognition and sponsorship of some TfD projects by international organisations such as the US Embassy HIV/AIDS Task Force, The British Council, UNICEF, among others, is a favourable indication for the continuous employment of this medium in the HIV/AIDS fight, as many of the international and local NGOs already know the potential that it has for mobilising rural and urban populations, and engaging them in a two-way dialogue that could lead to behaviour change and a scaling up of the fight against HIV/AIDS.

Other media such as the radio, television, newspapers and pamphlets are limited to the literate, urban elite in the centres of the country, while the majority of the population who live in the rural areas, are cut off from access to information provided by these media. Even in the urban centres exposed to other media, the interactive possibilities of TfD are more meaningful in terms of eliciting participation through analysis and solution seeking dialogue and action with the audience. In order to reach the rural masses, therefore, the employment of TfD becomes more useful.

Examples of successful TfD interventions as seen with DramAidE's continuously expanding operations since 1992, in the AIDS education sector, demonstrate that a reasonable impact can be reached from a two-way

communication within communities in some parts of Africa, including Cameroon.

Audience willingness to participate in TfD projects has already been sampled in other development concerns such as integrated rural development, environmental education, the empowerment of women and child rights, as seen in the works carried out by Bole Butake, Emelda Ngufor Samba, Asheri Kilo, Gilbert Doho and local NGOs like Fobang Foundation and CEPROCUL. Audience acceptance of sporadic plays, skits or sketches, have all demonstrated that TfD is a vital tool favoured for the communication needs in the fight against HIV/AIDS. This tool, unfortunately, appears to have been only minimally exploited.

Recommendations

A sustainable TfD intervention could be perceived through the image of bicycling. In order to have a comfortable (or sustainable) ride on a bicycle:

“That force driving the bike forward gets distributed among many spokes in a properly aligned wheel, which people usually describe as being "in true." When you look at weight distribution, too, even under a very heavy load many spokes help spread out the weight so that it is more evenly carried and doesn't put too much stress on any single spoke.” (Fiedler, 2011)

The very heavy weight of the present and future burden of HIV/AIDS can be evenly spread and easily borne if TfD practitioners, HIV infected and affected individuals, groups, businesses, local and international NGOs, government and its foreign partners collaborate effectively as spokes in a wheel working towards the same objective. The more the spokes linking the wheel to the hub, the lighter the burden each spoke will bear and the smoother the ride. It is with this image in mind, that the following (spokes in a sustainable TfD wheel) non-exhaustive recommendations can be made:

A reversal can perhaps come from an effective use of TfD forum methods, devoid of (self) censorship in terms of facilitation and participation by local audiences, in agreement with Freire that "Freedom is acquired by conquest,

not by gift" and that "it must be pursued constantly and responsibly" (Freire, 1970 p.47).

That TfD practitioners in Cameroon need to facilitate a bottom-up practice which feeds the long unheard voices of the people back to sponsor organisations and government.

TfD interventions in an area should be programmed and committed to run for a very long time to be able to share experiences and facilitate local ownership and future control of the medium.

Differentiation could be employed to target specific groups such as university/secondary school students, prisoners, inter-urban truck drivers, sex workers, and the military to maximize possibilities of audience input.

Audiences should be empowered to be 'active' rather than 'passive consumers' at interventions such that their contribution and variation of the story can help in understanding their realities better and forge local solutions to the HIV/AIDS dilemma.

Sponsorship by any NGO, government, or business concern should not impede the necessity for a two-way communication with the audience.

Faith-based organisations, community development agents, teachers, and health personnel should be included in TfD trainer-training projects aimed at widening the arena for facilitation and inclusion.

The Ministry of Health and huge business concerns should incorporate the interactive TfD process as part of their collective efforts at fighting HIV/AIDS in Cameroon.

The government should ensure that the people are provided with the full range of HIV/AIDS care services that will support and encourage behaviour change which its education platform and TfD seek to achieve.

Instead of endlessly trying only to 'win the people over' to the side of NGOs and government, TfD practitioners, like Freire's model educators, may need to 'fight alongside the people for the recovery of the people's stolen humanity' (Freire, 1970 p.95).

Possibly, then, education through TfD would be a frank two-way exchange that could meet individual behaviour change with collective support systems provided by the power brokers and all relevant stakeholders to encourage, facilitate, and help sustain the change. Unless this is done, sponsors and facilitators could be self-deluding in assuming that 'theatre' as practised this far, is a panacea for HIV/AIDS education in Cameroon.

Bibliography

- ALLEN, G., ALLEN, I. & DALRYMPLE, L. 1999. Ideology, Practice and Evaluation: developing the effectiveness of Theatre in Education. *Research in Drama Education*, 4, 21.
- AMBE, H.N. 2003. *Change Aesthetics in Cameroon Theatre*, PhD Thesis, Bayreuth University.
- AMBE, H.N. 2007. *Change Aesthetics in Anglophone Cameroon Drama and Theatre*. Bayreuth, BAS
- AZONGA, T. M. 2003. Cure for Aids. *New African*, 19.
- BOAL, A. 1979. Invisible Theatre *Adult Education and Development* no.12
- BOAL, A., MCBRIDE, C. A. & MCBRIDE, M.-O. L. 1979. *Theatre of the oppressed*, London, Pluto Press.
- BOURGAULT, L. M. 2003. *Playing for life : performance in Africa in the age of AIDS*, Durham, N.C, Carolina Academic Press.
- BREITINGER, E. 1994. *Theatre and performance in Africa : intercultural perspectives*, Bayreuth, E. Breitingen.
- BURKEY, S. 1993. *People first : a guide to self-reliant participatory rural development*, London, Zed Books.
- BUTAKE, B. & DOHO, G. (Eds.) 1988. *Théâtre camerounais/ Cameroonian Theatre* Yaoundé, Bet & Co.
- CHAMBERS, R. 1983. *Rural development : putting the last first*, London, Longman Scientific & Technical.

- CHEFFY, I. 2011. Implications of local literacy practices for literacy programmes in a multilingual community in northern Cameroon. *Compare*, 41, 247-260.
- CHINYOWA, K. C. 2008. By whom and for whom? An aesthetic appraisal of selected African popular theatre workshops. *Studies in Theatre & Performance*, 28, 5-22.
- CHINYOWA, K. C. 2009a. Emerging paradigms for applied drama and theatre practice in African contexts. *Paradigmas emergentes para el drama aplicado y la práctica teatral en contextos Africanos.*, 14, 329-346.
- CHINYOWA, K. C. 2009b. Theatrical performance as technology: the case of Drama in AIDS Education (DramAidE) in South Africa. *Studies in Theatre & Performance*, 29, 33-52.
- CORNWALL, A. & WELBOURN, A. 2002. *Realizing rights : transforming approaches to sexual and reproductive wellbeing*, London, Zed.
- CRESWELL, J.W. 1998. *Qualitative inquiry and research design: Choosing among five Traditions*. Thousand Oaks: Sage Publication.
- CROWE, B. & ETHERTON, M. 1982. Popular Drama and Popular Analysis in Africa in KIDD, R. & COLLETTA, N. (Eds.), *Tradition for Development: Indigenous Structure and Folk Media in Non-Formal Education* Bonn, German Foundation for International Development.
- DALRYMPLE, L. 1992. A drama approach to AIDS education , unpublished report for KwaZulu Department of Health, South Africa
- DALRYMPLE, L., & BOTHA, P. 2001. A Facilitator's Guide to *See you at 7*: A video about developing gender responsibility. Durban, DramAidE.

- DALRYMPLE, L. 2006. Has it made a difference? Understanding and measuring the impact of applied theatre with young people in the South African context. *Research in Drama Education*, 11, 201-218.
- DENZIN, N.K. & LINCOLN, Y.S. (Eds.) 2000. Handbook of qualitative Research. Thousand Oaks, CA: Sage Publications.
- DOHO, G. 2004. Women Reappropriate Power in Rural Cameroon. *Signs: Journal of Women in Culture & Society*, 29, 551-556.
- DOHO, G. 2006. *People Theater and Grassroots Empowerment in Cameroon*. Africa World Press.
- EBONG, B. 2001. *Some Witchman Must Die* Douala, Unpublished.
- ECKERT, A. 2003. Southern Cameroons, 1922-1961: A Constitutional History (Book). *Journal of African History*, 44, 365-366.
- EPSKAMP, K. P. 2006. *Theatre for development : an introduction to context, applications and training*, London, Zed.
- EPSKAMP, K. P. & COUNTRIES., C. F. T. S. O. E. I. D. 1989. *Theatre in search of social change : the relative significance of different theatrical approaches*, The Hague, CESO.
- EPSKAMP, K. P. & COUNTRIES., C. F. T. S. O. E. I. D. 1992. *Learning by performing arts : from indigenous to endogenous cultural development*, The Hague, CESO.
- ETHERTON, M. & PRENTKI, T. 2006. Drama for change? Prove it! Impact assessment in applied theatre. *Research in Drama Education*.
- EYOH, H. N. 2002. Popular theatre re-visited. *Contemporary Theatre Review*, 12:1-2, 9-43

- EYOH, H. N., BUTAKE, B., DOHO, G., KILO, A. & POLYCARPE, O.-N. 2001. CAMEROON. Taylor & Francis Ltd / Books.
- EYOH, H. N. (Ed) .1986. *Hammocks to Bridges: An Experience in Theatre for Development*. CAMEROON. BET and Co.
- FOBANG FOUNDATION. 2005. Report of activities for the period January - December.
- FORBA, A. 2004. *I am AIDS* in SAMBA, E. N. & NEBA, M. 2004. *HIV/AIDS Education through Theatre with People Theatre for Social Change; in collaboration with WICO Ndop*, HENDERSON, C. (Ed.), Project Report, Unpublished.
- FRANK, M. 1995. *AIDS education through theatre : case studies from Uganda*, Bayreuth, Germany, Bayreuth AfricanStudies.
- FREIRE, P. 1970. *Pedagogy of the oppressed*, New York, Continuum.
- FREIRE, P. & RAMOS, M. B. 1976. *Education, the practice of freedom*, London, Writers and Readers Publishing Cooperative.
- GRIMES, B.F. (ed.) 2002. *Ethnologue: Languages of the World*, 14th edition. Summer Institute of Linguistics, Dallas.
- KABIR, M. 2008. Determinants of life expectancy in developing countries. *The Journal of Developing Areas*
- KIGOTHO, A. W. 1997. World Bank oil-pipeline project designed to prevent HIV transmission. *Lancet*, 350, 1608.
- KILO, A. 2003. A note on recent Anglophone Cameroonian theatre in BANHAM, M. *A history of theatre in Africa*, Cambridge, Cambridge University Press.

- MDA, Z. 1993. *When People Play People: Development Communication Through Theatre*. Johannesburg: Witwatersrand University Press; London, Atlantic Highlands, NJ: Zed Books.
- MLAMA, P. M. 1991. *Culture and Development: The Popular Theatre Approach in Africa* Uppsala, Scandinavian Institute of African Studies.
- MUSA, T. 2004. CAMEROON: Aids vaccine: Doctor cries foul. *New African*, 38-39.
- NDEMANOU, M. & ONDOUA, C. 2004. Deadlock (Performance directed by Samba, E.N.) Unpublished
- NESS, I. & JAMES, C. (Eds.) 1999. *Encyclopaedia of Global Population and Demography* Chicago, London: Fitzroy Dearborn.
- NGEFAC, A. 2008. The social stratification of English in Cameroon. *World Englishes*, 27, 407-418.
- NGEFAC, A. & SALA, B. M. 2006. Cameroon Pidgin and Cameroon English at a confluence: A real-time investigation. *English World-Wide*, 27, 217-227.
- NGOH, V. J. 1999. THE ORIGIN OF THE MARGINALIZATION OF FORMER SOUTHERN CAMEROONIANS (ANGLOPHONES), 1961-1966: AN HISTORICAL ANALYSIS. *Journal of Third World Studies*, 16, 165-185.
- NGU, V. A. & AMBE, F. 2001. Effective vaccines against and Immunotherapy of the HIV: A preliminary Report. *Journal of the Cameroon Academy of Sciences* Vol. 1, No. 1, pg 2 -8
- NGU, V. A., AMBE, F. & BOMA, G. 2002. Significant reduction in HIV loads in the sera of patients treated with VANHIVAX. *Journal of the Cameroon Academy of Sciences*, Vol. 2 No.1 pgs 7 - 10

- NKUOH, G. N., MEYER, D. J., TIH, P. M. & NKFUSAI, J. 2010. Barriers to men's participation in antenatal and prevention of mother-to-child HIV transmission care in Cameroon, Africa. *Journal of Midwifery & Women's Health*, 55, 363-369.
- NKWETEYIM, P. N. 1996. *The Fight is On* Unpublished.
- PRENTKI, T. 1998. Must the Show Go on? The Case for Theatre For Development *Development in Practice*, 8, 419-429.
- PRENTKI, T. 2003. Save the Children?--Change the World. *Research in Drama Education*, 8, 39.
- PRENTKI, T. & PRESTON, S. 2009. *The applied theatre reader*, London, Routledge.
- SAMBA, E.N. 2003. *AIDS, the Dancing Masquerade Play* Unpublished
- SAMBA, E.N. 2003. *Theatre and Empowerment of Women: The Mbororo Women*. PhD Thesis, Bayreuth University.
- SAMBA, E. N. & NEBA, M. 2004. *HIV/AIDS Education through Theatre with People Theatre for Social Change; in collaboration with WICO Ndop*, HENDERSON, C. (Ed.), Project Report, Unpublished
- SAMBA, E.N. 2005a. *The Boomerang* Yaounde, CRTV.
- SAMBA, E. N. 2005b. *Women in Theatre for development in Cameroon: Participation, Contributions, and Limitations*, Germany, BAS 74.
- SHARP, P. M. & HAHN, B. H. 2008. AIDS: Prehistory of HIV-1. *Nature*, 455, 605-606.
- SHAWYER, S. 2009. A Global Perspective on Theatre for Social Change. *Canadian Theatre Review*, 87-89.

SPEAR, S. J. 2005. Fixing Health Care from the Inside, Today *Harvard Business Review*,

TANGEM, D.F. 2007 *Time for Action* Unpublished

TANYI-TANG, A. 2001. Theatre for Change: An analysis of two performances by women in Mundemba Sub-Division. *Research in Drama Education*, 6, 23-38.

TANYI-TANG, A. (1989) *Theatre for Development: A Case Study of the South-West Province, Cameroon*, MA Drama & Theatre Thesis, University of Kent at Canterbury, UK.

TANYI-TANG, A. (1994) *Cultural Action Theatre in Selected Regions of Anglophone and Francophone Cameroon*, PhD Drama & Theatre Thesis, University of St. Andrews, Scotland.

TERRE BLANCHE, M. & DURRHEIM, K. (Eds). 1999. *Research in practice*. Cape Town: University of Cape Town Press.

TIKU, J.T. 2003. *Environmental Protection and Education through Theatre*. PhD Thesis, Bayreuth University.

TIKU, J.T. 2005. *Theatre and Environmental Education in Cameroon*. BAS 76, Germany.

TITAMUE, M. 2011. PTSC Participant Follow-up Interview. Telephone Interview Recorded by FUNFE, A.G. on 19/04/2011.

UDOGU, E. I. 2008. THE ISSUE OF POLITICAL LEADERSHIP IN THE THIRD WORLD: WHAT IS TO BE DONE? *Journal of Third World Studies*, 25, 13-23.

WELBOURN, A.1998. Gender Participation and HIV: A Positive Force for Change.
GUIJT, I. & Shah, M. (Eds.) *The Myth of community: Gender Issues in Participatory Development*. London, ITDG.

Web based Resources

ANGOULOU, E. C. 2009. *Blood: Biya's power lotion-The inside story of a bloodhound who may be a serial killer*. Available from
<http://www.kimberts.com/biyas-victims/biya-s-power-lotion-8-a-must-read->
Retrieved 02/04/2009

AVERT. 2008. AIDS timeline: Africa. At <http://www.avert.org/africa-aids-timeline.htm>
accessed 11/06/2009

BOAL, A. 2004. Theatre of the Oppressed workshop, Rio de Janeiro, Available from
<http://hemi.nyu.edu/cuaderno/politicalperformance2004/colonialism/colonialis>
[mresistance.html](http://hemi.nyu.edu/cuaderno/politicalperformance2004/colonialism/colonialis) Retrieved 14.4.2008

BUTAKE, B. 2005. *Home or Exile: the African Writer's Dilemma* available at
www.aegis-eu.org/archives/ecas/2005/butake.doc. Retrieved 10.7.2010

CAMEROON, 2008 Country Progress Report. Available from
<http://www.unaids.org/en/regionscountries/countries/cameroon/> Retrieved 12th
June 2009

CIA, 2005. World Fact book: Cameroon. At
<https://www.cia.gov/library/publications/the-world-factbook/geos/cm.html>
Accessed 23/08/2010

FIEDLER, D. 2011. 'Bike Spokes -An Important Part of Your Wheels'
<http://bicycling.about.com/od/bikemaintenance/a/spokes.htm>> Retrieved
09/11/2011

HAHN, B. H. et al 2006. Chimpanzee Reservoirs of Pandemic and Nonpandemic
HIV-1 *Science* 313: 523-526; [online] [DOI: 10.1126/science.1126531]
Retrieved 30th July 2006.

JOHNSON-ROSS, D. 2008. Political Science professor heads to Cameroon with Fulbright program available at <http://www.mcdaniel.edu/2328.htm> Retrieved 24th June 2008.

KOMETA, R. K. 2008. Two former ministers arrested. Available from <http://www.cameroon-info.net/stories/0,22356,@,operation-epervier-abah-abah-et-olanguena-awono-arretes.html> Retrieved 6th May 2008

NGU, V.A. VANHIVAX Victor Anomah Ngu HIV/AIDS Vaccine. At http://vangulabs.com/vanhivax_en.pdf accessed

TAYONG, G.F, Vih/Sida: Les prostituées au top de la prévalence à Bamenda. At <http://www.cameroonvoice.com/news/article-news-4213.html>

The 1911 Classic Encyclopaedia: Cameroon. At <http://www.1911encyclopedia.org/Cameroon> accessed 05/03/2008

UNAIDS 2006. Report on the Global AIDS Epidemic. At http://data.unaids.org/pub/GlobalReport/2006/2006_gr_ch02_en.pdf Accessed 22/10/2007

UNAIDS 2007. AIDS epidemic update. At http://data.unaids.org/pub/epislides/2007/2007_epiupdate_en.pdf Accessed 04/07/2008

UNAIDS. 2007. Implementing the UN Learning Strategy on HIV/AIDS: Sixteen Case Studies. At http://data.unaids.org/pub/Report/2007/jc1311-un-learning-strat07_en.pdf Accessed 04/07/2008

UNAIDS 2007. Expert Consultation on Behaviour Change Report. At http://data.unaids.org/pub/report/2007/2007043_unaids_expert_consultation_on_behaviour_change_report_en.pdf Accessed 22/10/2007

UNAIDS, 2008. Report on the Global AIDS Epidemic. At
<http://www.unaids.org/en/dataanalysis/epidemiology/2008reportontheGLOBALAIDSepidemic/> Accessed 10/11/2009

UNAIDS 2008 . Country situation :South Africa. At
http://data.unaids.org/pub/FactSheet/2008/sa08_soa_en.pdf Retrieved 03/07/ 2009.

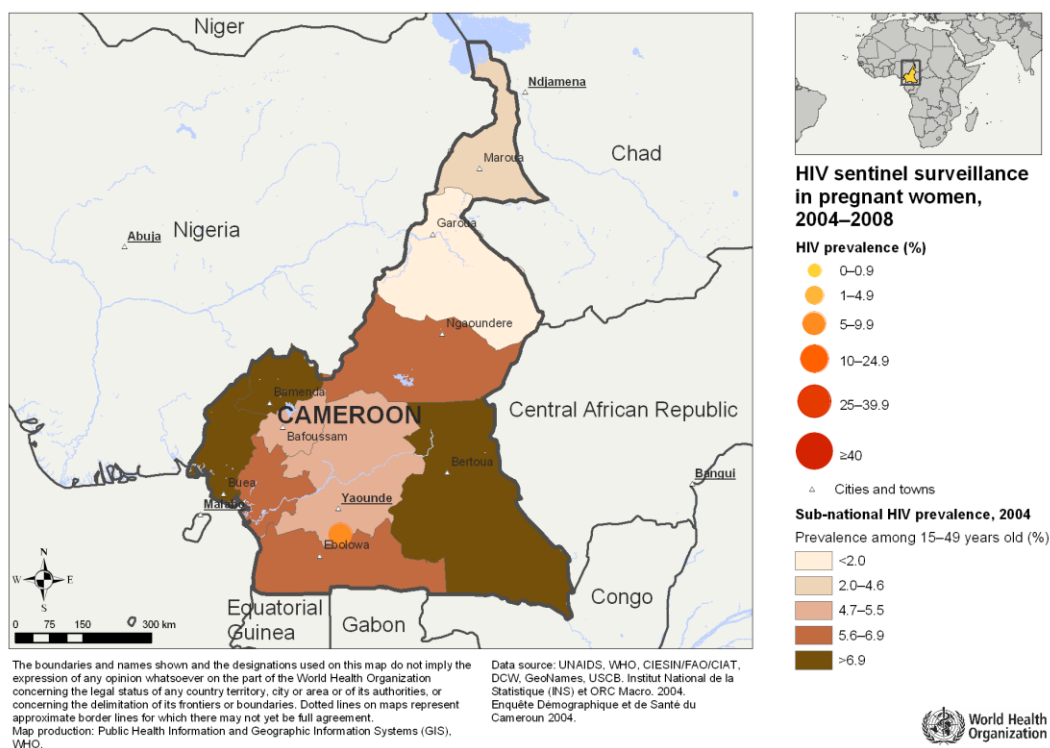
UNAIDS 2008. Executive summary. Report on the global HIV/AIDS epidemic. At
http://data.unaids.org/pub/GlobalReport/2008/jc1511_gr08_executivesummary_en.pdf Accessed 10/11/2009

UNAIDS, 2009. Report on the Global AIDS Epidemic. At
<http://www.unaids.org/en/dataanalysis/epidemiology/2009AIDSepidemicupdate>
Accessed 34/10/2010

UNAIDS, 2010. Report on the Global AIDS Epidemic. At
<http://www.unaids.org/globalreport/default.htm> Accessed 12/07/2011

Appendices

Appendix I : UNAIDS 2009 Cameroon : Epidemiological factsheet



Appendix II: Questionnaire

The University of Winchester, UK Research & Knowledge Exchange Centre
anderson.funfe@winchester.ac.uk Tel: 00 44 7894 940 558

Theatre for Development Activity Questionnaire

Please, information required below is specific to TfD activity against HIV/AIDS.

Group/Troupe name:

Contact person:

Contact email/phone:

Title(s) of TfD project/skit(s):

Duration of project: From: To:

Place(s):

Duration of performance/skit(s):

Main theme(s): a) prevention b) testing c) Care d) stigma

Attendance: a) number of facilitators b) audience number:

Complementary resources: a) medical personnel b) condoms c) leaflets d) quick test kits e) medicines

Sponsorship: a) government b) international NGO c) local NGO d) university e) self/group/troupe

Challenges faced: a) transport to location of project b) enlisting facilitators c) difficult audiences d) administrative authorities e) others (please specify)

Audience feedback: a) poor b) average c) fair d) good e) excellent

Project/performance/skit repeated in the location? (If yes) when?

Project/performance/skit replicated in other areas/locations? (If yes) when?

Any trainers trained during activity at location? a) yes b) no

Trained trainers continuing TfD activity at location? a) yes b) no

Is your group continuing TfD activity against HIV/AIDS? a) yes b) no (why not?)

How did you develop the play? Whose experience(s) did you base the play on Any other observations/comments about your TfD project(s) on HIV/AIDS?

Thank you immensely for your time and contribution to this research.

Appendix III: Screen captures of *The Boomerang* performance



Frank (Tafor) and Bih(Mbacham) have quality time at University



Pa Ngong (Tabi) also engages Bih (Mbacham) in the village.



Pa Ngong (Tabi) leads away his regular concubine (Chiangong)



Audience watching *the Boomerang* performance

Appendix IV: Screen captures of *Deadlock* performance



Counsellor (Tafor) advising Marie (Ndemanou) and Christophe (Tchamba)



Moderating the audience – cast post-performance discussion

Appendix V: Screen captures of PTSC performance



Henderson during PTSC workshop



Interviewing Dr Eloundou



PTSC Performance at Ndop Motor park